

talkabout

Where we speak for ourselves

#127 | June - July 2003 | The Magazine of People Living With HIV/AIDS NSW Inc.

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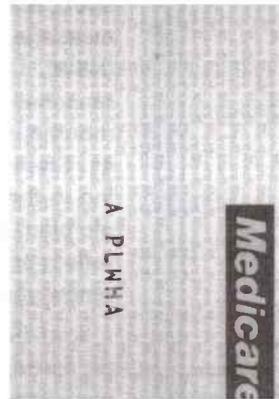
If you've completed a basic massage course and can spare a couple of hours to help your community, give us a call.
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For information, or enquiries, contact Robert on 9519 6142.

talkabout

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Cover: The proposed changes to Medicare are summarized on pp24-25.

Credit: The photograph of Phillip Medcalf, which appeared on the cover of *Talkabout* #126 (April/May) was taken by C. Moore Hardy, Starfish Studio. Copyright is retained by the photographer.

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TALKABOUT

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DISCLAIMER

Images of people included in Talkabout do not indicate hiv status either positive or negative.

If a person discloses their hiv status in *Talkabout*, either in a submitted article or in an interview for publication, that personal information is in the public arena on publication. Future use of information about such a person's status by readers of *Talkabout* cannot be controlled by PLWH/A (NSW) Inc.

Generally 'From the PWG' would be in this spot, but for this issue you're getting a message from the President of PLWH/A (NSW). I am writing this for a number of reasons, mainly because, over the last few months, we have just undergone the largest Statewide consultations ever held relating to the forthcoming launch of our strategic plan. But also, it is an important time to reflect on *Talkabout's* 15th year and time to renew your membership and subscription.

Scott Berry, the Vice President and Chair of the Strategic Planning Committee, has provided more information in his article on page 18. We are extremely grateful to all the hiv positive people, family and friends, partners and service providers who committed some time and energy to participate at consultations in the Hunter, Illawarra, Lismore, Sydney and Western Sydney. Thanks to all the people who filled in surveys, sent us emails or gave us a call. Many interesting and challenging issues have been raised in those consultations and we are well into drafting our strategic plan. We look forward to future input from hiv positive people across NSW but it is also important to remember that we are your organisation, directed by a Board of members and looking to our communities for constant input.

It is also an important time to reflect that *Talkabout* is now in its 15th year and has grown

considerably from the typewritten, photocopied newsletter of PLWA (NSW) (as it was called then) to this glossy production, but still covering personal stories, information and events. What is even more amazing is the amount of freedom we have been given in this magazine, where we speak for ourselves, to express our thoughts, tell our stories, criticise or love services and fight for our rights. It is also important to remember that this ability has been possible due to the continued support through funding by the AIDS and Infectious Diseases Branch of NSW Health. For almost as long as *Talkabout* has existed, NSW Health has supported the publication and allowed us maximum ability to express our views freely and without compromise, and it still does, even as times become more politically conservative. *Talkabout* is still about writing down your stories and sharing them with others.

Finally, it is that time of year again. Yes, time to renew your membership and subscriptions. If you don't have a form there is one on page 30, so you have no excuse. Membership of People Living with HIV/AIDS (NSW) is free, and you receive email updates, a regular Members Newsletter and Contacts, our services directory. By becoming a member, you have the right to vote and assist in strengthening the voice of the Association. Do it now, become a member and support your organisation.

John Robinson

From the PWG will return in its normal format in the next issue.

In this issue

Farewell – The Publications Working Group (PWG) farewells Tim Alderman and Jo Watson, who have resigned as members of the PWG. Their hard work and commitment to the publications of PLWH/A (NSW) Inc have not gone unnoticed. Tim Alderman continues as a contributor to *Talkabout*, with the first appearance of his cooking column, 'So, can you cook?', on **page 15**. Farewell, Tim and Jo, and thank you.

Proposed changes to Australia's welfare system and Medicare are both included in this issue of *Talkabout*. NAPWA Policy Officer, John Rule, comments on the Federal Government's welfare reform discussion paper on **page 4**. The proposed Medicare changes, and some of the responses, are summarised on **pages 24-25**.

A project is underway at People With Disabilities (PWD) NSW to improve



positive action

with **Antony Nicholas**, Executive Officer PLWH/A (NSW)

Listening, listening and more listening. Planning, planning and more planning. Strategic Planning, as you may have realised over the past few months, is a big issue here at People Living with HIV/AIDS (NSW). And it is, but much of our other fabulous work is still steaming away. A few key things specifically stood out for me as we went around the State listening and talking with positive people, and I would like to highlight those here.

What do we do? It was very telling that a lot of people were not really sure about what our role is and what the current work of the organisation is. This was strongly linked to a need to increase the profile of the organisation, increase its visibility and to profile our work and successes much more in *Talkabout*. People wanted us to be far more proactive in highlighting our successes and informing people exactly where, what and how we do things.

Talkabout: It was good to hear across the State that people loved *Talkabout* and gave us lots of suggestions for changes, things they want to see in the future and things that they want to stay the same. What is still really important about *Talkabout*, to almost everyone, are the personal stories. People constantly referred to their feelings while

reading these, the connection, the feeling that other people had experiences like theirs, and that they were not alone. They also see it as a safe and special place to speak.

A positive voice: People really stressed that they saw People Living with HIV/AIDS (NSW) as the place to hear positive voices. Speaking to positive people, from positive people, for positive people, they wanted to see it more and they wanted to hear it louder. People said it was the place they trusted to hear a collective positive voice more than anywhere else. People loved the Positive Speakers Bureau and mentioned times they have seen talks or heard feedback. They wanted to see it more across the State, seeing it as an important awareness tool that was more than just scientific blurb about a virus but, as the logo mentions, 'a human face to hiv'.

The future: Planning, planning and more planning. Thanks firstly to all those that came to our community consultations across the State, some on cold and raining days, some at central locations that were not always the easiest to get to, but still you came. It was great to hear your positive voices. Now we set out planning, after listening to the suggestions, the gaps and the problems you have raised. The outcome a stronger organisation, thanks to your input.

People wanted us to be far more proactive in highlighting our successes and informing people exactly where, what and how we do things.

Our Health Promotion Factsheet No 1, 'Managing Side Effects of Efavirenz', (*Talkabout* April/May 2003) advised that drug side effects can be reduced if the drug is taken on an empty stomach, ie at least one hour before food or four hours after food. Our source for this was the drug prescribing information manual MIMS. However, Merck Sharp and Dohme who license efavirenz in Australia under the brand name Stocrin advise that it is quite safe to take efavirenz two hours after food, which is in accordance with general requirements for taking a medicine on 'an empty stomach'.

access of plwha to Home and Community Care Services. Rob Lake, a project officer at PWD, summarises the project on **page 26**.

A consultation process to help People Living With HIV/AIDS (NSW) Inc develop its strategic plan is underway. See **pages 18-19**.

David Barton, of Positive Heterosexuals, visited the Albury region recently. An edited version

of an article about his visit, which appeared in *The Border Mail*, is reproduced on **page 16**.

Victoria Bauer visited Nyumbani, where 45 hiv positive children who live at an hiv orphanage were photographed for a travelling exhibition. See **page 20**.

Where to for the Quilt Project? A series of community consultations is underway about the future of the

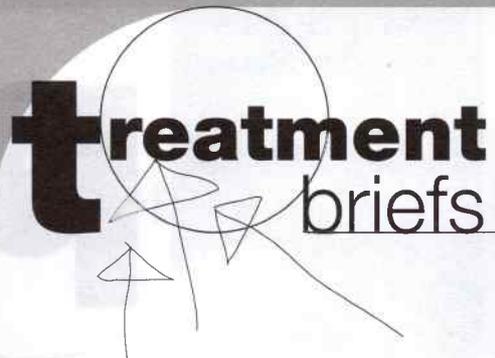
quilt. Penny Wright attended the March consultation. See **pages 22-23**.

Talkabout #126

'Sassters responds', published in the April/May issue of *Talkabout* was edited for legal reasons and was originally received for publication in December 2002. The original document can be seen at: <<http://www.angelfire.com/indie/sassters>> .

building a simpler system?

treatment briefs



John Rule, Policy Officer, NAPWA on the Federal Government's welfare reform discussion paper

The McClure Report, Australians Working Together Package and now a consultation round on Building a Simpler System. What is the future shape of Australia's social support system? How can people living with hiv/aids ensure that it is a support system responsive to their needs?

In January 2003, a discussion paper titled 'Building a simpler system to help jobless, families and individuals' was released by the Federal Government with promises of a round of consultations with welfare organisations, and submissions to be lodged by end June 2003. The outcomes of this are of direct interest for plwha, as one of the possible directions proposed is the introduction of a single base rate payment with additional payments for costs of disability, participation allowance, housing subsidies and the like.

Establishing exactly what the costs of disability are and, in particular, what the additional payment for plwha should be, who have treatment costs and significant medical expenses, also needs consideration. Similarly, coming to an agreement with government about the payment arrangement and the rates to assist plwha participate in the workforce will need to be negotiated.

The National Association of People Living with HIV/AIDS (NAPWA) and the Australian Federation of Aids Organisations (AFAO) are preparing responses to this Government discussion paper. A draft copy of the response from the AFAO/NAPWA Welfare Reform Working Group is available on the AFAO website at www.afao.org.au. Comments on this draft are welcome. With the government emphasis on returning to work, hiv sector responses are emphasising that 'any reformed system must also be developed with a clear understanding of the

impact of issues such as hiv discrimination and the effects of hiv related physiological and psychological issues on a person's ability to seek, secure and sustain employment.'

More information about the stages in the Government's welfare reform process can be found at www.facs.gov.au.

At a recent general meeting of NAPWA, members agreed that there

Establishing exactly what the costs of disability are and, in particular, what the additional payment for plwha should be, who have treatment costs and significant medical expenses, also needs consideration.

are many important issues to monitor. NAPWA members, among other things, have indicated that pressure needs to be applied to develop a system that allows those receiving income support to move smoothly and without penalty between receipt of income support payment and paid employment. It is hoped that the current round of Government consultations will allow these kinds of matters to be aired.

Major study reports women do just as well as men on combination therapy

A study conducted by EuroSIDA, which ran between 1994 and 2001, was recently published in the *Journal of Acquired Immune Deficiency Syndromes*, with findings that women and men do equally well on combination therapy. The study included 2,547 people from over 60 hiv treatment centres. 80% of the participants were men. The men were, on average, older than the women, and had a lower average CD4 count. Men were also more likely to be treatment naive. 89% of men and 88% of women achieved a viral load below 500 on their first combination therapy. The study found that having a higher CD4 count and starting later on combination therapy was associated with an increased chance of achieving an undetectable viral load. A previous aids defining illness and higher viral load were found to be independent predictors of not achieving an undetectable viral load. Of the patients achieving an undetectable viral load, 33% experienced a rebound and this was associated with higher baseline CD4 count, being treatment naive, older age, and previous NRTI use. CD4 cell count increased by 100 cells within nine months in both men and women. Having higher baseline viral load and CD4 cell count, and later start of combination therapy, were all predictive of achieving an increase in CD4 cell count of 100 cells or more. Women changed therapy sooner than men, and as dosing requirements for hiv drugs are not gender specific, they suggest that gender differences in blood volume and body mass index may affect the effectiveness, tolerance and toxicity of combination therapy. Although the EuroSIDA investigators conclude that even larger studies are needed to provide a definitive answer to the impact of gender and the use of combination therapy, 'the weight of evidence suggests that there is no significant effect of gender on virologic, immunologic, or clinical outcome.'

Source: www.aidsmap.com



PLWH/A (NSW) Community Development Officer
Glenn Flanagan profiles what's happening in NSW

Researchers identify link between lipid abnormalities and combination therapy

Researchers from Emory University and the Atlanta Veterans Affairs Medical Center have used a lipid biomarker to help establish the relationship between the use of combination therapy and the development of lipid abnormalities. Apolipoprotein C-III (ApoC-III) is a newly identified biomarker of lipid metabolism that is believed to be a risk factor for coronary artery disease because it produces elevated levels of triglycerides. Two research studies were conducted, one in a group of 202 hiv positive women and one in a group of 271 hiv positive men. In the study of women, two thirds had received combination therapy for at least three months, 25% had no therapy in the last three months, and 9% had received no combination therapy. In the study of men, 85% had received combination therapy for more than three months and 15% had received no combination therapy. In both groups, patients treated with either PIs or NNRTIs were more likely to have higher ApoC-III levels than patients on no therapy, and the elevated level of this biomarker corresponded to elevated triglyceride levels on both treatment groups.

'Because a large number of these patients also smoke and/or have diabetes, they are at increased risk of atherosclerosis, heart attack, and stroke. This suggests that patients undergoing hiv therapy have impaired metabolism of triglyceride-rich lipoproteins,' said Carlos del Rio, MD, associate professor of medicine at Emory University School of Medicine.

Source: Emory Health Sciences

Treatment Briefs are written by ACON's Treatment Information Officers.

Phone 02 9206 1036/2013, tollfree 1800 816 518, mail treatinf@acon.org.au

Thinking about new directions in life?

Positive Employment Support provides assistance for hiv+ people looking for new work directions, which could mean either changing a current work role or returning to paid employment, or wanting to develop new skills and interests, for example through volunteering, study or unpaid work. In the last couple of months, David Wallace has taken over this role at the Bobby Goldsmith Foundation (BGF). Some people may remember David from his work at Options and ACON. David can be contacted on 9283 8666. If you live in Western Sydney or the Blue Mountains, you can access Positive Employment Support from ACON Western Sydney. Hans Vandyk is the new project officer working three days a week at the Western Sydney office in Wentworthville. You can contact Hans on 9204 2400.

Celebrate Stonewall in a positive environment

Planet Positive, a social gathering for positive people and their friends, is celebrating Stonewall 6-10pm on Friday 27 June at the Positive Living Centre, 703 Bourke Street, Surry Hills. As always there will be free food, refreshments and entertainment. Planet Positive is organised by ACON's HIV Living Project, the Positive Living Centre and PLWH/A (NSW), and supported by Ruby. There are always new people to meet, with nearly 90 people attending the last Planet Positive night.

Join the email list when you renew your membership

When you become a member of PLWH/A (NSW), give us your email address to get regular updates of news, events and politics of interest to positive people. Membership of PLWH/A (NSW) is free and you will also receive a regular members' newsletter and your annual Contacts directory. Ring 9361 6011 or freecall 1800 245 677 for more information.

Our Pathways Inc has moved to a new home

Our Pathways Inc (OPI) is the friendly drop in centre for hiv+ people in Wollongong and offers lunches, computer access, massage and social support. OPI has settled into its new premises at 18 Ellen Street, Wollongong, in the new multi purpose ACON building. Our Pathways will still have the same phone number 02 4229 2944.

NorthAIDS has also moved to new premises

NorthAIDS at Myrtle Place, which provides lunches on Friday, drop in, massage, computer access, support and information for hiv+ people in North Sydney, is on the move in June. Their new address is 41 Alfred Street, South Milsons Point. It's in the old Kirribilli Bowling Club premises, close to transport – right next to Milsons Point station. They will be keeping the same phone number (9929 4288).

Opportunities to get together in the Northern Rivers

If you live in the Northern Rivers area, there are some opportunities coming up to meet other hiv+ people. ACON Northern Rivers is hosting a social meeting for positive people at 5.30pm Thursday 12 June at 27 Yuralba Street, Lismore. There will also be a lunch for positive people in Ballina at 12 noon, on Thursday 26 June. Ring the ACON office on 02 6622 1555 for venue details for the lunch.

Thank you to all our generous sponsors

We would like to thank all the organisations and businesses that supported our volunteer party with donations and vouchers. A big thank you to Ariel Booksellers, Australian Museum, Belvoir St Theatre, Bill Watson Massage, Blue Magazine, The Bookshop Darlinghurst, Captain Cook Cruises, Chauvel Cinema, DNA Magazine, Daly Male, Dendy, Gleebooks, Hoyts, Joh Bailey Hairdressing, Maritime Museum, Palace Cinema (Academy Twin), Powerhouse Museum, Ruby, Sydney Aquarium, and Taronga Zoo. We would also like to especially thank the Grosvenor Club (Taxi Club) and Louise and the staff for their generous donation of presides and staffing to the event. The Taxi Club has been a strong supporter of PLWH/A (NSW) and our volunteers for many years and we really appreciate it.

SARS Higher risk for plwha feared

One of the people who discovered hiv, Luc Montagnier, has voiced fears that the death rate from Severe Acute Respiratory Syndrome (SARS) would be much higher among people who also have hiv/aids. 'SARS is caused by another virus, and it does not kill lots of people – around 4 to 5 percent [of those infected]. But if the immune system is depressed by aids, the toll would be much higher,' Montagnier said at a Tokyo press conference reported in April.

'It would be very alarming if people would be infected with both SARS and aids ... It is a concern especially for southern China where you have both aids infection ongoing and SARS starting,' Montagnier said.

Montagnier endorsed isolating patients with SARS and placing suspect cases in quarantine early on to prevent the spread of the disease. 'We are just beginning to learn how it is transmitted, the nature of virus ... it is very difficult to mount a policy of treatment and prevention,' he said, adding that so far the only treatment for the potentially deadly pneumonia is to boost the natural resistance of the carrier. 'My strong advice would be for people exposed to the virus to reinforce their immune system with antioxidants, immuno-stimulants,' Montagnier said.

The highest risk from SARS for Australians is over the next three months during the winter cold and flu season, warned Professor Dennis Maki, an American infectious diseases specialist from the University of Wisconsin, in early May.

'If you see very little SARS activity in the next three months I think that will be very, very good news,' said Professor Maki.

The disadvantage for health authorities was that, among the many colds and flu viruses of an average winter, it could be exceedingly difficult for SARS to be picked up.

Backing the aggressive use of quarantine, Professor Maki said, 'The best weapon we have in dealing with SARS is that the incubation period is substantially longer than other respiratory diseases. Until they develop symptoms people are not highly transmittable.'

The World Health Organisation announced in April that tests confirmed the identity of the virus that causes SARS. Scientists determined it is caused by a new member of the coronavirus family, so named because a crown shape is seen when the viruses are inspected under a microscope. Early in the hunt for the cause of SARS, scientists found a virus belonging to the paramyxovirus family in some patients. It was later determined that it was the human metapneumovirus, which is known to cause respiratory problems in children, the elderly and people with weak immune systems. A few days later, scientists in Hong Kong found the new coronavirus, providing a new track for researchers to pursue.

The discoveries prompted a theory that both viruses could play a role, with one causing the disease and the other making it worse.

Symptoms of SARS include fever, shortness of breath, coughing, chills and body aches.

The scientists stressed that although the SARS virus was part of the same family of viruses that cause the common cold, it was quite different from the common cold virus.

Genetic studies have indicated that the SARS virus shares some similarities with the mouse hepatitis virus and the avian infectious bronchitis virus, which come from a

different branch of the coronavirus family.

Experts said it was reasonable to imagine that the SARS virus came from animals, although its genetic code does not give any clear leads as to exactly where it came from. The genetic make-up is not very close to any of the known animal or human coronaviruses.

Dr Masato Tashiro, director of the National Institute of Infectious Diseases in Tokyo, said he believed the virus has probably existed for a long time in animals in the southern Chinese province of Guangdong, where SARS was first detected.

WHO experts in China said today they had discovered unreported SARS cases in Beijing military hospitals but had been barred from giving details.

Scientific findings released in early May indicate that faeces may be more important in spreading the SARS virus than originally thought, the World Health Organisation says.

Government scientists in Hong Kong have found that the virus can stay alive for at least four days in diarrhoea. However, coughing and sneezing remain the chief means of spreading the infection.

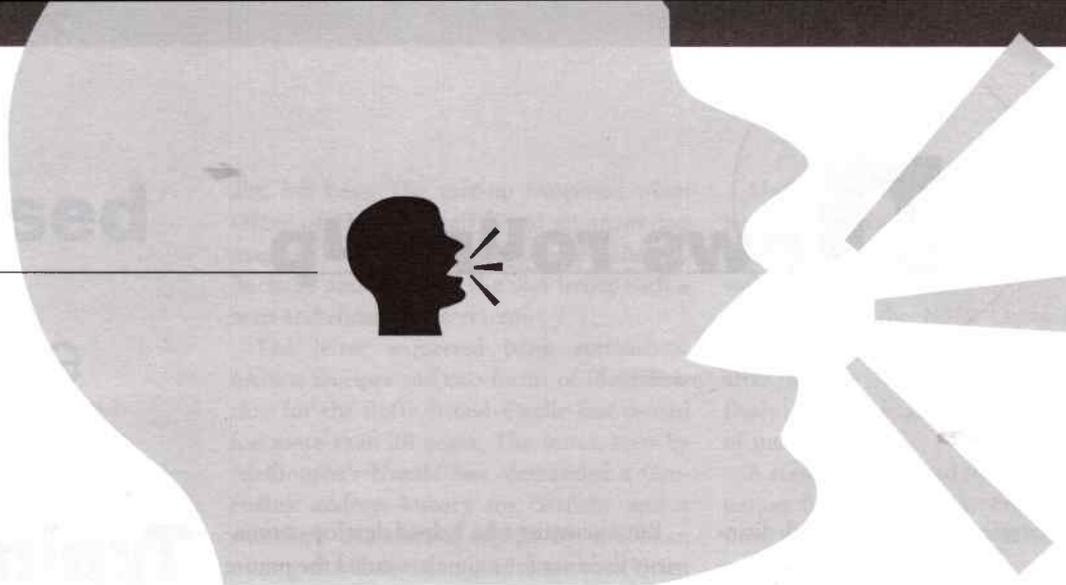
This research adds weight to the theory that leaky sewage pipes were the source of infection in a particularly severe outbreak at a Hong Kong apartment complex, where more than 300 people became ill.

Another study found that the SARS virus can live on chilled surfaces, such as those in a refrigerator, for as long as four days.

Another study found common disinfectants can kill the virus.

The WHO's chief SARS scientist, Dr Klaus Stohr, described the discovery that the virus can survive in faeces at room temperature for as long as four days as perhaps the most disturbing finding.

In response to the SARS threat in Australia, federal Health Minister Kay Patterson has announced the federal government will spend up to \$100,000 to fund research into a



fast and reliable test for the SARS virus. The Minister said the National Health and Medical Research Council (NHMRC) would spend the money on urgent research to produce and evaluate tests to reliably distinguish between SARS and other viral diseases with flu-like symptoms. She said a consortium of Australian researchers would be able to work on a live sample of the SARS virus.

A sample of the SARS virus sample was imported into Australia in April for research purposes and is being kept at the National High Security Quarantine Laboratory, the most secure laboratory in the country. Scientists have used the live virus to produce a non-infectious version to help develop more specific molecular tests for SARS.

The non-infectious material has been distributed to laboratories in the public health laboratory network.

The Commonwealth Chief Medical Officer, Professor Richard Smallwood, confirmed that a high-security laboratory in Melbourne had imported the SARS virus to develop a test based on antibodies. Tests that rely on finding the presumed virus in patient samples were less reliable, he said.

The virus may also be brought to Sydney, with Westmead Hospital negotiating with the Federal Government to gain access to samples.

A senior virologist at Westmead, Dr Dominic Dwyer, said yesterday that the hospital had the facilities to work with the virus and that the public should not be alarmed at the prospect of having it stored here.

In NSW, Ron Penny, the NSW Health Department's senior clinical adviser, will chair a SARS Clinical Taskforce to assess whether the State Health Disaster Plan is suitable to deal with an influx of the virus. Ron Penny is the health expert who steered the AIDS crisis of the 1980s.

Professor Penny, credited with minimising the impact of AIDS by fighting discrimination

against patients, said, 'I don't think there are parallels between HIV and SARS [except in] public education in the face of a new epidemic.'

Australians should not be alarmed about SARS, he said. 'Most people coughing in the community are going to be smokers, or have a cold or asthma.' There was no need to avoid the Chinese community or Chinese businesses.

Professor Penny praised the State's SARS infection control guidelines, but said the challenge would be to ensure that they were understood and acted on at all health levels.

New research published by the Geneva-based World Health Organisation in May, shows that the virus is more resilient than first thought and can survive for weeks outside the human body. The research suggests that SARS might be able to be spread through contact with contaminated objects and not just through direct contact with an infected person.

The virus can survive for hours on common surfaces outside the human body, according to the research carried out in laboratories in Hong Kong, Japan and Germany.

At sub-zero temperatures, such as in a regular refrigerator, the virus showed only 'minimal reduction' after three weeks.

Scientists found that the disease persists in adult faeces for six hours but in human diarrhoea for up to four days.

Standard disinfectants such as chlorine bleach killed the virus in five minutes, WHO found.

Temperatures of 56 degrees centigrade and above also quickly destroy the virus, the WHO said in a report published on its website.

'It's the first time we have hard data on the survival of the virus. Before, we were just speculating,' Klaus Stohr, WHO's top SARS scientist, told the Washington Post.

'These studies are very important for

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designing strategies for cleaning and disinfecting.'

The new data suggest that infection can occur simply from touching a contaminated table or doorknob, the report said.

Medical researchers in China, Taiwan, Singapore and Hong Kong warned the SARS virus is rapidly mutating and could pose an increased threat to already compromised populations. Professor Dennis Law of the Chinese University's Faculty of Medicine explained that the mutation of the virus meant the 'genetic structure of the genome of the virus had changed.

'It can either change it into a more virulent virus or, on the other hand, it can make it into a tamer virus,' he explained.

Containing the virus globally depends largely on the success of efforts in China, said David Heymann, WHO Executive Director for Communicable Diseases, at a conference on the disease in Canada, the hardest-hit nation outside Asia.

'I would say that China is key to the whole answer,' he said in Toronto at a meeting in early May of more than 100 health officials and scientists from Britain, Canada, China, Hong Kong and the United States.

Hong Kong University microbiologist Professor Malik Peiris said the changes in the way the disease was behaving confirmed fears the SARS virus was mutating. He was backed by the Beijing Genomics Institute, which reported the virus was 'expected to mutate very fast and very easily.'

Dr Tom Buckley, head of intensive care at Hong Kong's Princess Margaret Hospital, said organ failure was becoming a common complication.

'Initially patients were presenting with just respiratory failure,' he said.

'Now we're seeing renal failure and other organ failure.'

Professor Graham Brown, head of the Victorian Infectious Diseases Service at Royal Melbourne Hospital, said viruses could affect various organs. After serious lung disease other organs could suffer secondary failure.

But a scientist who helped develop coronavirus vaccines for animals warned the nature of the virus could make it difficult to manage in humans.

Briton Dr Adrian Mockett said other coronaviruses in animals had mutated so that the infection could be spread through faeces as well as coughs and sneezes.

This raised the possibility that an outbreak could be transmitted through tainted water supplies or contaminated food.

Dr Mockett said mutations also could make finding a cure for SARS difficult. 'The virus has the ability to change quite quickly,' he said.

'A vaccine might be suitable for a while, but not forever.'

The SARS virus has already defeated drugs thrown at it by researchers in the United States.

Hope now lies in the testing of a new wave of treatments, which include 16 aids drugs, 13 herpes drugs and seven drugs aimed at flu and other viruses.

If none proves successful a new drug may have to be developed from scratch – a process that could take at least five years.

On 5 May, the WHO said Britain and the United States had been removed from its list of countries affected by the SARS virus.

An 'affected area' is defined as a country where the virus has spread within local communities in the last 20 days, double the incubation period for SARS.

Police in NSW, Victoria and Western Australia have been given powers to detain people suspected of having SARS.

Sources: 'Police can lock up SARS victims', Jeremy Kelly and Mandi Zonneveldt, 24/04/03, www.news.com.au. 'SARS virus mutating', from correspondents in Hong Kong, 03/05/03, www.news.com.au. 'Virus found to survive for weeks outside human body', 05/05/03, AFP, www.smh.com.au. 'Hailed AIDS fighter named SARS supreme as state girds for disease', Julie Robotham and John Garnaut, 28/04/03, www.smh.com.au. 'Faeces spreads SARS: WHO', 05/05/03, ©2003 AAP, www.smh.com.au. 'Cause of SARS identified', Emma Ross in London, 17/04/03, www.news.com.au. 'Next three months the critical time, warns expert', Andrew Darby, 05/05/03, www.smh.com.au. 'SARS Death Rate Higher Among HIV Sufferers: Montagnier', AFP, 21/04/03, [CDC News] CDC HIV/STD/TB Prevention News Update 22/04/03. 'Govt to fund SARS research', 05/05/03, ©2003 AAP, www.smh.com.au.

Typing with one hand

Can looking for love online increase a person's chances of getting a sexually transmitted infection? In 1999, San Francisco health officials noticed that a local outbreak of syphilis was spreading among gay men who met their sexual partners through the internet.¹ Reacting to the outbreak, health officials used the internet to spread word about it, posting information in chatrooms where infected men had met their sexual partners. In the UK, similar concerns have triggered the release of \$A800,000 by the UK Medical Research Council to examine whether sex with internet partners is less safe than with other sexual partners. In May 2002, researchers posted online questionnaires in London chatrooms of two popular online forums for gay men seeking partners, gay.com and gaydar. The response was huge, nearly 5,000 men completed online questionnaires.

Interim results of the Health, Sex, Internet Online project show that nearly half the men prefer to meet partners online rather than in bars or other 'offline' venues. Three quarters of the men thought it was ok for health workers to go into gaydar or gay.com chatrooms to talk about sexual health. The project also aims to examine whether health promotion is effective when it is delivered online. Just under one third of the men reported sexual behaviour which could present a risk for hiv transmission. It may well be that men who rely on the internet to meet their partners and who don't identify with the gay community may be missing out on health promotion messages in traditional gay media. The Health, Sex, Internet Online project will conclude in 2004. For more information, go to http://www.city.ac.uk/barts/hsi/online_survey_2002/index.htm

John Cumming

1. "Tracing a Syphilis Outbreak Through Cyberspace" *Journal of the American Medical Association* (www.jama.com) (07/26/00) Vol. 284, No. 4, P. 447; Klausner, Jeffrey D.; Wolf, Wendy; Fischer-Ponce, Lyn; et al.

Increased funding for respite services

Carers across Australia will receive more respite services following a \$19.3 million funding increase over the next 18 months, Federal Minister for Ageing Kevin Andrews announced in March.

The funding boost follows a \$13.6 million increase announced in late February to provide more respite care and counselling services to carers, particularly those in rural and remote areas.

'This makes a total of \$32.9 million in new funding to provide more respite services and support for carers throughout the country,' Mr Andrews said.

The additional \$19.3 million – which will be available to the 63 Commonwealth Carer Respite Centres across the country – represents a 37% funding increase.

'This extra money will provide more respite services to carers of older Australians, people with disabilities and people in need of palliative care,' Mr Andrews said.

'Commonwealth Carer Respite Centres play a key role in helping carers obtain the respite care they need. Carers can get in touch with their nearest Commonwealth Carer Respite Centre by phoning 1800 059 059.'

In the 2002/03 Budget, the Australian Government announced that \$80 million would be provided over four years for more support for carers. The Budget also provided \$55 million for the National Palliative Care Program to improve palliative care in local communities.

Rent rebate debacle

Checked your answering machine lately? In Melbourne, a tenant's rent rebate was cut after bureaucrats demanded bank statements and income receipts from her teddy bear. Collingwood public housing tenant Estelle received a letter from her housing officer in March demanding details about Barn-

aby, her bear. The mix-up happened when Office of Housing staff heard an answering machine message that mentioned Estelle and Barnaby and assumed she was living with a man and cheating the system.

The letter requested bank statements, income receipts and two forms of identification for the fluffy friend Estelle has owned for more than 20 years. The letter, seen by Melbourne's *Herald Sun*, demanded a Centrelink address history for Barnaby and a statutory declaration signed by the bear, noting the date he moved into their joint property.

Last year, the disability pensioner changed her answering machine message, asking callers to leave messages 'for Barnaby and Estelle'. But when Estelle was queried by a housing officer and accused of illegal subletting, her explanation fell on deaf ears.

The Office of Housing cancelled Estelle's rent rebate and increased her weekly rental payments by \$110 a week.

Estelle left five messages with the Office of Housing, but no one ever called her back.

It wasn't until tenants' advocacy group Home Ground intervened that the Office of Housing backed down.

Tenants Union of Victoria liaison worker Michelle Marven said that Estelle's case was not an isolated one.

In another case, a public housing tenant was told to vacate his property after a housing officer saw a warm pot on the stove.

Ms Marven said the officer assumed the tenant was guilty of subletting, but the tenant was simply having an overseas friend to stay.

'Teddy bear mix-up stuns tenant' Paula Beauchamp, 08/04/03, www.news.com.au.

ADB President resigns

NSW Anti-Discrimination Board President Chris Puplick has resigned, Attorney General Bob Debus said on 2 May. Mr Puplick's resignation was effective 16 May 2003.

The Director General of the Attorney General's Department, Laurie Glanfield, will assume the additional responsibilities of managing the Board until a new president is appointed.

Mr Puplick resigned after denying reports he acted improperly in helping a friend win thousands of dollars in compensation over a workplace complaint.

On 2 May, the NSW Ombudsman confirmed Mr Puplick was under investigation after reports in *The Australian* and *The Daily Telegraph* accused him of a conflict of interest.

A statement released by the Anti-Discrimination Board on 2 May denied the allegations and foreshadowed possible legal action against the newspapers.

The allegations relate to a workplace gay victimisation complaint lodged with the Anti-Discrimination Board by a friend of Mr Puplick's against a media company chief executive in March 2000.

'Anti-discrimination chief quits', 02/05/03, www.news.com.au.

Drink spiking survey

Victoria Police and the State's Centre Against Sexual Assault (CASA) said a survey being conducted about the extent of drink spiking was designed to give insight into the prevalence of drug-facilitated sexual assault in the community. CASA's Ms D'Arcy said about 90 cases had been reported to CASA over a three-month period last year, but under-reporting of sexual assault meant the figure could be much higher.

The anonymous survey includes a brochure listing options for people who have been victims of drink spiking, including contact details of support organisations.

Victoria Police chief commissioner Christine Nixon said the information would help police ascertain where drink spiking was occurring.

Ms Nixon would not comment on the types of drugs generally used in drink spiking, saying the information could be used by potential offenders.

The survey is available through doctors, police stations, health and welfare centres and universities in the Melbourne CBD, Carlton, Collingwood, Fitzroy, Richmond, Prahran and Malvern.

'Survey on drink spiking', 28/04/03, www.news.com.au.

UK discrimination campaign

The National AIDS Trust (NAT), the UK's leading policy development and advocacy organisation, launched England's first national public awareness campaign in March. The campaign is aimed at challenging the stigma and prejudice associated with hiv and the discrimination that people living with hiv can experience.

Saatchi & Saatchi designed the two-week, integrated media campaign – 'Are you hiv prejudiced?' – that aims to reduce hiv-related stigma and discrimination by challenging existing attitudes amongst the general public. The campaign features radio, print and on-line ads, as well as spots on MTV and the Community Channel. The campaign is complemented by the website www.areyouhivprejudiced.org, designed and developed by Reading Room.

Stigma and discrimination present particular problems to those living with hiv. These can take many forms, including social ostracism, personal rejection and direct and indirect discrimination. In the UK, hiv- and aids-related discrimination in employment, health care, insurance and education have all been widely reported since the beginning of the epidemic.

'The roll out of the stigma and discrimination campaign is an important contribution to increasing the public's awareness of the isolation faced by many people living with, and affected by, hiv as a result of the lack of knowledge and understanding that currently exists about hiv,' said Derek Bodell, NAT Chief Executive.

'We believe that the campaign can assist not only in getting people to think about their attitudes to hiv and aids, but also their own levels of knowledge about the virus and the disease,' Bodell continued. 'It is important that we raise the level of understanding. By ending ignorance, we'll end prejudice.'

'I welcome the fact that as part of the Sexual Health and HIV Strategy for England, the Government has prioritised work to tackle hiv stigma and discrimination,' said Neil Gerrard, Chair of the All Party Parliamentary Group on AIDS (APPGA). 'I am pleased that the Parliament has been able to support this new national initiative, and we look forward to monitoring the implementation of a comprehensive plan to tackle stigma and discrimination.'

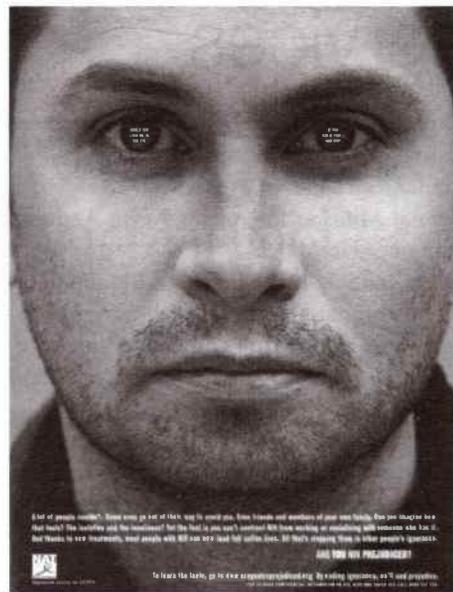
'We are very proud to work with the National AIDS Trust,' said Kevin Dundas, Managing Director of Saatchi & Saatchi. 'The NAT has a powerful objective – to give those living with hiv a chance to lead their lives without the stigma and discrimination they face every day. This is an important issue for the whole community. The campaign is designed to make a key contribution to the ongoing effort that ensures hiv prejudice is unacceptable.'

The London launch was planned to be followed by three regional launches in Brighton, Leeds and Birmingham, each co-hosted by one of NAT's principal partners. The partners are the Terrence Higgins Trust South, Terrence Higgins Trust Midlands and Yorkshire Mesmac.

The campaign builds on pilot advertising which ran last year in London and Manchester, and aims to take it to a wider audience.

The campaign calls for changes to strengthen and extend British anti-discrimination laws, which currently address discrimination on grounds of race, sex and disability, but in conflicting ways and to differing extents. The Trades Union Congress and the law reform organisation Justice (the UK branch of the International Organisation of Jurists) are due to co-sponsor a conference on equality law reform.

Other partners include the Levis Strauss



ARE YOU HIV PREJUDICED?

NOT UNTIL YOU'RE DIAGNOSED HIV POSITIVE DO YOU DISCOVER HOW SICK PEOPLE CAN GET.

Read mail. Abusive phone calls. Two aggressive confrontations and physical attacks. This is how some people who are HIV positive are treated. And not just by strangers. By their colleagues, by former friends and sometimes even by close family. And it's not unusual either for people with HIV to be discriminated against by health workers. Yet the fact is, there's no reason for them to be treated differently from anyone else. You can't contract HIV by working or socialising with someone who has it. And thanks to new treatments, it's possible for people with HIV to lead full and active lives. All that's stopping them is other people's ignorance.

ARE YOU HIV PREJUDICED?

To learn the facts, go to www.arenthivprejudiced.org. By ending ignorance, we'll end prejudice.

Foundation, which has funded the development of resource materials for individuals and groups working to change attitudes. Background briefings describe how hiv-related stigma and discrimination affects gay men, racial and ethnic minorities, sex workers, injecting drug users and prisoners.

For more information, visit the campaign website at www.areyouhivprejudiced.org, the NAT website at www.nat.org.uk.

Sources: www.nat.org.uk. 'Are you HIV prejudiced?' - UK national campaign launched', Julian Meldrum, 17/03/03

Pan Pharmaceutical recall

Following the recall of Pan Pharmaceutical products, which began in the last week of April, people concerned about whether the vitamins, complementary therapies and over-the-counter medications they use are safe can contact the recall hotline on 800 220 007, or visit the TGA website at www.tga.health.gov.au.

Pan Pharmaceuticals said, on 3 May, that it was setting up the hotline to assist the public identify affected products.

Callers to the hotline need to know the USTR and AUSTL numbers located on the front panel of the label on the drug's packaging, usually in the lower corner. However, Pan Pharmaceuticals could not provide health information or advice about the disposal or return of recalled products through the hotline.

ACON (AIDS Council of NSW) announced on 29 April that it was withdrawing five products from its Statewide Vitamin Service as a precaution following the TGA recall of Pan Pharmaceutical products.

'ACON withdrew these products on Tuesday April 29 as a precautionary measure on the advice of the manufacturers Health World Metagenics. We have now been advised that the products are to be formally recalled and we will no longer be selling them,' said ACON President Adrian Lovney.

'We have removed the following products from our Vitamin Service:

- Ultra Flora DF capsules
- Vitamin E 500 tocopherols Plus Selenium
- Meta EPA/DHA Fish Oils
- Lipoic Acid
- Femme Essentials

'Unopened products can be returned to ACON for a full refund and clients with partially used products are advised to contact our Vitamin Service on 9206 2000,' Mr Lovney said.

'The TGA recall of such a large number of vitamins and complementary therapies is likely to have an impact on the thousands of people living with hiv/aids in NSW who rely on complementary therapies. More than half of people living with hiv/aids currently use complementary therapies according to HIV Australia's 3 report of the Australian Research Centre in Sex, Health & Society. Vitamins or mineral supplements are the most common therapies taken by 73% of hiv positive complementary therapy users,' Mr Lovney said.

The TGA suspended Pan Pharmaceutical's licence in April for six months. Pan's licence was suspended after it was found to have falsified tests on some products and failed to meet manufacturing standards.

It is Australia's largest ever medicines recall, with pharmaceutical, vitamin, herbal, pet health products and the antidepressant Allegron withdrawn from sale.

Federal Health Minister, Senator Patterson, was quoted in a newspaper article on 5 May saying it was possible the company could get its manufacturing licence back within six months if it satisfied strict criteria.

On 29 April, Health giant Mayne Group named 450 products produced for it by Pan Pharmaceuticals, including the Cenovis, Nature's Own and Bio-Organics vitamin brands as well as cholesterol control drug Cholest-off. Mayne urged consumers to return products for refunds.

Supermarket chain Safeway is among the retailers which removed products from shelves, including Home Brand paracetamol capsules, weight loss pill FatBlaster and libido enhancer Horny Goatweed.

On 6 May, news.com.au reported that more than 200 products have been removed from the Pan Pharmaceuticals recall list after they were included by mistake.

This mistake means Australians may have unnecessarily discarded or returned thousands of pills and powders with no link to Pan.

TGA spokeswoman Kay McNiece said 212 products had been withdrawn from the list.

The updated list stands at 1,546 recalled products.

Ms McNiece said people with products listed on the original recall list needed to check again to see if they were still included in the recall.

She said the TGA's website would list all products included in the recall, with those that had been withdrawn from the recall clearly identified.

People can also key in the product name to see if it is on the recall list. If it is one of the 212 withdrawn products, it will not appear.

TGA principal medical adviser Dr John McEwen said information was still arriving from companies that supplied Pan products.

'More products recalled', Linda McSweeney and Joe Hildebrand, 05/05/03, news.com.au

'Pan hotline for recalled products', 03/05/03, news.com.au

'Millions of pills dumped', Mandi Zonneveldt, Karen Collier and Rick Wallace, 30/04/03, news.com.au

'Wrong recall list wastes pills', Jen Kelly, 06/05/03, news.com.au



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Hiv increase in Victoria

Rates of hiv infection in Victoria have risen again, the third annual increase in notifications in that State. Victorian Government figures, reported in the *Sydney Star Observer* (1/5/03), show 234 new diagnoses of hiv in Victoria during 2002. This is a 7% increase compared to the 218 new notifications recorded in 2001.

The new diagnoses comprise 209 men, 23 women and two transgender people. 162 cases were the result of male-to-male sex, up from 146 in 2001.

Extra government funds allocated to the hiv response after the notification rises in 2000 had all been spent and more funds were much needed in the sector, said Victorian AIDS Council (VAC) Executive Director Mike Kennedy. It was a 'cause for concern' that over 40% of the men who tested positive during 2002 had never previously had an hiv test, Kennedy said.

'VAC, like other organisations in the hiv sector, is rapidly reaching a crisis point where it can no longer deliver the same level of services as its funding base continues to erode,' Kennedy said.

Data concerning new hiv infections in NSW is expected to be released within the next few weeks.

Chlamydia campaign Hiv and confidentiality

A cinema advertising campaign to combat Illawarra's growing number of chlamydia cases among people aged 16-29 was launched in early April. Health officials in the region are taking their message, 'Be Smart, Be Tested', to the movie theatre to target people at risk of contracting STDs. Last year, there were 177 cases in the Illawarra, up from 129 in 1999, and 40% of those were aged 20-24. Most cases were female. Part of a new Statewide campaign that includes cinema and magazine advertisements to educate young people about the infection and encourage them to seek treatment, Illawarra's sexual health service director, Dr Katherine Brown, said the awareness campaign was launched to coincide with school and university holidays. 'The biggest single risk factor is being under the age of 25, so we're trying to target that age group in magazines and at the movies,' she said.

While the infection is serious, Brown said it could be easily diagnosed and treated. 'The treatment can be as simple as a single dose of antibiotics,' she said. One of the problems of the disease, Brown said, is that in 50% of cases, people do not know they are carrying the infection.

'We know that people are often embarrassed to go to the doctors if they have a sexually transmitted infection, but one of the bigger issues here is that it is frequently silent,' Brown said. 'Left untreated, the disease can lead to chronic infection, pelvic inflammatory disease, ectopic pregnancies and infertility in women, and testicular infection and possibly infertility in men,' she said

A Sydney woman is suing doctors Nicholas Harvey and King Weng Chen, from the Alpha Medical Centre in Marrickville, for negligence and breach of contract after her husband infected her with hiv and hepatitis B, the Supreme Court heard in early May. The woman is challenging the legal protection of doctor-patient confidentiality. Jay Anderson, representing the woman, argues that the unusual circumstances of the joint consultation cancelled out any confidentiality about the results.

The 28-year-old woman discovered the true results of the couple's pre-marriage STD tests while pregnant with her husband's child in 1999.

Acting Justice Jerrold Cripps heard that the woman and her then fiance, from an African country, saw Dr Harvey during a joint consultation for STD testing, before beginning an unprotected sexual relationship.

She was aware of the high hiv rate in Africa and her fiance had arrived in Australia that year, seeking residency.

When the woman went back to the practice, the receptionist gave her negative test results. Her fiance told her that his results were also negative - and a few days later she saw the 'negative' results on a laboratory report.

However, Ian Harrison, SC, for the doctors, told the court the document was 'apparently fraudulent or forged' and the fiance was a 'terrible liar'.

He had in fact been seen by Dr Chen, who told him of his positive results and that he should not have unprotected sex. The doctor made an appointment for him to attend Royal Prince Alfred Hospital's HIV unit.

Linda Mann, an expert medical witness for the woman, agreed that the former husband was a terrible liar, but disagreed with Mr Harrison that there was little the practice could have done to safeguard the woman.

Dr Mann, who lectures in GP training, said experienced doctors, by their body language and the questions they raised, could set off 'alarm bells' for patients without breaching the confidentiality of other patients. They could have contacted their medical defence union for advice or made appointments for the man to return for further consultations to ensure that he had told his partner.

They could also have checked to see whether he visited the RPA specialist and, when he failed to show, contacted the public health authorities. The Director-General of NSW Health has the power to breach confidentiality.

Mr Harrison said the dilemma for doctors was 'being sued for negligence by someone in the position of the plaintiff or being sued for damages for revealing someone's hiv status.'

The woman said she had found the true results of the screening tests in her husband's suitcase when she was looking for immigration documents for him.

Her daughter was born by caesarian section and is hiv and hepatitis B negative. Her marriage ended, her former husband left Australia and she lost contact with him.

The hearing continues.

'Husband had HIV but pregnant wife was last to know', Leonie Lamont, 06/05/03, www.smh.com.au

Special access scheme for atazanavir

For some months, atazanavir, an unlicensed protease inhibitor, has been available in Australia under a Special Access Scheme (SAS). Atazanavir may not cause increases in blood fats to the same degree as other protease inhibitors, and only needs once-daily dosing. The SAS provides access to atazanavir for people with multidrug resistance and also for those experiencing toxicities with their current regimen. Although Bristol-Myers Squibb, the manufacturers of atazanavir, are providing the drug free for the duration of the SAS, some hospital pharmacies are charging an administrative fee when they dispense the drug to people whose GPs are hospital-based. PLWH/A (NSW) Inc would like to draw attention to the fact that people who meet the criteria for special access to atazanavir can access the drug free through their community hiv GP.

'Getting the Message on Chlamydia', Illawarra Mercury, 10/04/03, Megan Levy, [CDC News] CDC HIV/STD/TB Prevention News Update 10/04/03

Planet Positive, at the Positive Living Centre

is organised by ACON's HIV Living Project, the Positive Living Centre and PLWH/A(NSW). Supported by DJ Ruby (far right), the next event will be held 6-10 pm, Friday 27 June.



Sydney Park AIDS Memorial Groves

Planting dates for Sydney Park AIDS Memorial Groves (SPAIDS) will be:

- 11am - 3pm, Sunday 27 July
- 11am - 3pm, Sunday 21 September

The first planting took place on 15 May 1994. People came from as far as Queensland and South Australia for the 'ceremony'. We weren't able to put commemorative plaques next to each tree, so we decided to record names alphabetically in a file. Sisters of the Order of Perpetual Indulgence came around midday and performed a tree-blessing ceremony in memory of those who had died from aids. To date, we estimate that we have planted about 7,000 trees, and our groves are becoming a reality as the trees grow taller and the Council's signage demarcates the area. SPAIDS plantings have been extended to include lesbians and gays who have died as the result of violence, the Nazi Holocaust, and as another memorial alternative to the Quilt and Candlelight.

For more info about the plantings, contact Mannie De Saxe and Ken Lovett, Coordinators - SPAIDS, 03 9471 4878, PO Box 1675, Preston South Vic 3072
e josken@zipworld.com.au
www.zipworld.com.au/~josken



The essence of life

Maria Mitzikis is a professional nutrition counsellor who has 18 years personal experience with hiv. PLWH/A (NSW) Inc advises readers to consult a nutritionist to assess your individual needs

Organising your kitchen – some tips from The Muse

The best way, I've decided, to write this column is to use my own kitchen as an example. In my workshops, I can open the fridge for people to see and then we actually throw things together to munch on in our lunch break. Ever since my kitchen was organised, I can't remember going in there seeming like a chore. Now, when I cook, it's only to supplement what's finished in the fridge or pantry. I spend about 20 minutes a day in the kitchen from start to finish for a main meal. I have a huge variety of foods to choose from for the entire week, and can accommodate guests who know not to expect complicated meals when they come over!

People actually look forward to the simplicity of a tomato salad at my place. How many different ways can you prepare tomatoes in a salad? Countless. And what's wrong with sitting down to a luscious red moist garden tomato, onion, olive, oregano salad drizzled with olive oil and lemon while breaking warm fresh pide bread with a friend, child or lover?

We need to change our definitions about what is quality lifestyle and return to basics. Simple sensations and simple pleasures from nature, in my opinion, cannot be surpassed in quality. For me, food is not just something you pour down your throat. It's a whole philosophy beginning with the cephalic response when you see food, the desire to eat, the process of preparation and cooking with love, eating food made with love, sharing that same food-love with others and knowing that the essence of life will be circulating within you and nourishing you. What can be more healing and self-nurturing?

Anyway, back to organising! First, have the right equipment. This would be implements that retain most of the foods' nutrients during the cooking process. For example, juicer, rice steamer, clay oven pot, wok,

vegie steamer. Get a whole stack of medium sized plastic containers. These you will use to store 'basics' in the fridge. The 'basics' you will use as the basis of your meals. These are what I have in my fridge at the moment, labeled and ready to go. Cooked lentils, cooked brown rice, cooked wholemeal pasta, cooked burghul, some steamed vegies (broccoli, baby potatoes, carrot and pumpkin), cooked borlotti beans. Then there's fresh raw vegies like spinach, zucchini, cucumbers. I also have tomatoes but I don't store them in the fridge. Like eggs, they are tastier at room temperature. I also have all sorts of fruits in a bowl, which everyone can see and reach. I try to get fruits that are in season. There is yoghurt in my fridge, avocados, cheese, miso paste, tofu, flaxseed oil, red curry paste, homemade pesto, soy milk, organic cows' milk, and juice (often lemon or orange) freshly squeezed and enough to last for two days.

Hope you're not bored and are making notes because we are about to move over to my pantry. Inside: oats, homemade toasted muesli, soy flour, stoneground flours, sesame and pumpkin seeds, walnuts, couscous, tamari sauce, sesame oil, olive oil, garlic, ginger and breads and buns from this fantastic bakery in Drummoyne.

On days I'm not busy, I will make a meal from scratch. On days I am busy this is what I do: Choose a basic. Saute vegies in my sauces and spices and add to basic. Or, chop fresh vegies and add to basic. Or, add meat, fish or chicken cooked to my liking and add to basic. Make soup with a basic. Always whip up a salad to eat with the meal. Have fruit for desert. Nothing more refreshing than a cool rockmelon an hour after dinner!

Secret? Spend a few hours a week boiling, soaking and steaming my basics ready for the following week. Make medium sized amounts so they won't spoil and there is always a variety. Be creative and enjoy.

Freeze whatever you have left over for days you need 'no cooking time at all' ingredients. Which reminds me, my freezer is practically empty except for some home made pizza dough, bread, home frozen yoghurt, fresh pasta and some tuna cutlets and sardines. Fish doesn't take long to cook and I prefer it nutritionally to meat.

Next week, I will list the 'superfoods' and describe their amazing and miraculous healing qualities. Meanwhile, here is a really easy way to make your own muesli exactly how you like it. Remember to store your muesli in an airtight container or you might have to have breakfast through a straw!

- 300ml of boiling water
- 200ml of sunflower oil
- 300ml clear honey
- a few drops vanilla essence or as strong as you like
- 450g (about a packet) of plain rolled oats
- 75g sesame seeds
- 50g wheatgerm
- 100g shredded coconut
- 200g of a mix of your favourite nuts, eg hazelnuts, walnuts or almonds
- 200g of your favourite dried fruits, eg raisins, apricot, apple (diced)

Mix together the water, oil, honey and vanilla.

Mix everything else together in a bowl except for the dried fruits. Slowly add the liquids to the dry mix stirring all the time so that everything gets coated. I find it best when I use my hands. Bake for 15 minutes at 180 degrees, then reduce to 140 degrees and bake for about one and a half hours, stirring every 15 minutes, until it's all golden and crisp. Cool thoroughly and then add the fruit.

The Food Muse can be found at www.thefoodmuse.com and contacted at thefoodmuse@smartchat.net.au

So, can you cook?



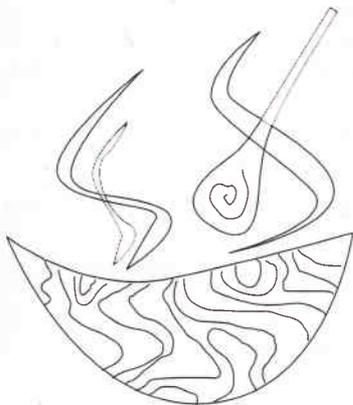
The multi-talented **Tim Alderman** shares some expertise with readers

Miso soup with bean curd

Miso soup is an oldie, true, but so nutritious for you it's an immune booster in a bowl. Try my version, after soaking the mushrooms it takes 10 minutes.

- One square piece of Kelp (anti bacterial and blood detoxifier)
- 3 cups Dashi (seaweed or fish stock)
- Dried black mushroom caps, soaked for 25 minutes
- 1/2 cup red miso (soybean paste – phytoestrogen)
- 1/2 square of firm bean curd diced (protein)
- Spring onions and watercress chopped coarsely

Score the kelp on one side to release its flavour. Add it to the stock in a saucepan and heat to just before boiling point. Shred the mushroom caps and add to the stock. Whisk the miso with a little of the stock so that it will mix evenly when added to the soup. Simmer for a few minutes. Add the bean curd and greens, warm through and serve immediately.



The words 'gourmet', 'vegetarian' and 'low-fat' are possibly three of the most misinterpreted and misunderstood foodie terminologies. People often interpret the words to mean expensive, fussy, trendy and boring. They are, in fact, just words that describe particular styles of food, or particular cooking methods and presentation.

What I would like to achieve through this column is a means to show people that dietary cooking, gourmet, vegetarian and low-fat cooking can not only be easy and healthy, but can also be inexpensive and interesting.

Spanakopita with roasted Roma tomatoes

A contemporary slant on a traditional Greek dish

For the tomatoes:

Wash and halve 8 Roma tomatoes. Place on a baking sheet, drizzle with extra-virgin olive oil, then sprinkle with sea-salt and cracked black pepper. Roast at 200°C for 15 minutes.

For the spanakopita:

- 3 cloves garlic
- 1 brown onion
- 200g unsalted butter
- 2 bunches English spinach (This is the flat-leaved spinach. The crinkled, large leaf spinach is more commonly called Swiss Chard).
- ¼ teaspoon grated nutmeg
- 15ml fresh lemon juice
- ¼ teaspoon lemon zest
- 50g feta cheese

Finely chop the garlic and onion and sauté in melted butter until translucent. Bring a large pot of water to the boil and add a pinch of salt. Throw in the spinach, then remove it

immediately (it should be just wilted), then cool it under cold water (to stop the cooking process, and help it keep its colour), then squeeze out as much liquid as possible. Chop the spinach coarsely and add to the onion mix along with the nutmeg, lemon juice and lemon zest. Crumble in the feta and shape into a loaf. Serve on sourdough with the roasted tomatoes on top.

Serves 4-6.

Olive oil, raisin and spice biscuits

Great for people who want to cut down on butter in their diet

- 275g plain flour
- 2 teaspoon baking powder
- 120ml olive oil
- 3 eggs
- 110g castor sugar
- 1 teaspoon vanilla extract
- 2 teaspoon nutmeg
- 75g raisins
- 1 egg yolk, for glazing

Sift flour and baking powder. Rub in oil until the mix looks like fine crumbs. In a separate bowl, beat eggs, sugar, vanilla and nutmeg. Add to flour, and mix well. Stir in raisins, cover and leave for 15 minutes. Grease and line a 30cm by 23cm baking tray, and spoon in mix. Flatten, then brush with egg yolk. Bake at 180°C for 30 minutes. Remove and cool for 10 minutes. Turn out and cut into fingers approx 1cm x 7cm and return to the baking tray. Reduce oven to 120°C and bake for a further 20 minutes until biscuits are dry. Remove from the oven, cool, and store in an airtight container.

Makes approx 35.

Pozhet

When David Barton was diagnosed as hiv positive in 1985 he did not know a great deal about the disease and neither did his doctors. He believed he had been given a death sentence and for six long years he kept his illness a secret from family and friends. Today, 18 years later, his life has completely turned around and he is responsible for the education and support of hundreds of hiv positive people throughout metropolitan and country NSW.

What started as a voluntary organisation for hiv positive heterosexuals quickly progressed to a Statewide funded organisation known as Pozhet (Positive Heterosexuals). The service focuses on linking hiv positive people within metropolitan and rural areas and David came to the Border to help with education and support services.

Support services in rural areas, such as the Albury Community Health Centre, have limited facilities for hiv positive patients so they tap into support services like Pozhet as much as they can.

David, 52, said one of the main issues people with hiv in rural areas were faced with was the stigma and discrimination associated with the disease.

'Many people with hiv feel extremely isolated and they feel that they have little opportunity to speak with other hiv positive people,' he said.

'We aim to give them that opportunity and put them in contact with other people so they can discuss all aspects of their life and how they are dealing with the disease.'

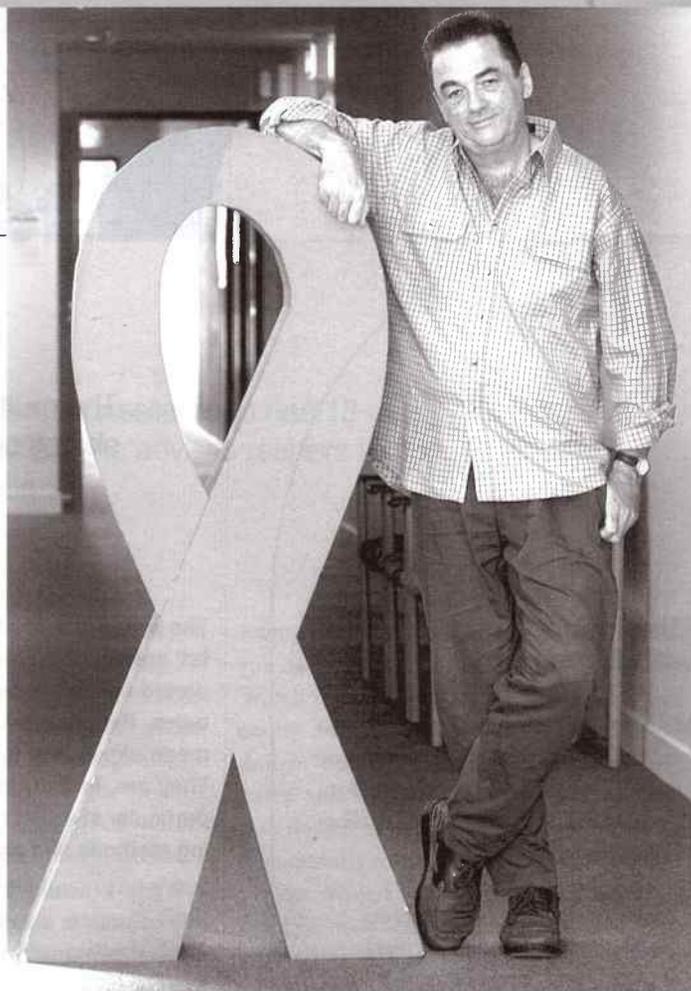
'There is a lot of misunderstanding in the community surrounding the fear of letting people know about their condition and this leads to a lot of loneliness and unhappiness.'

'What people need to realise is that the disease does not discriminate against age or background.'

'People with hiv live in country towns, they live in cities, we deal with people from 18 years of age to their late 70s.'

David said the disease was still treated very much like an exotic condition, one that is highly suspicious as it is normally contracted

David Barton with a red ribbon at Albury.
Pic: The Border Mail



through sex and is often related to the gay community.

'It is a disease that people are highly suspicious of but education is increasing and that is what is needed,' he said.

For a man with an incurable disease, David is in tune with his life and credits medical developments and education and awareness as playing a vital role.

'Over the past 15 years, developments have allowed people with hiv more opportunity to lead an active and healthy life,' he said.

'Medication that helps to boost the immune system helps a great deal.'

'There has been an optimism since 1996 that these medications can help to keep people well and they can start thinking about new relationships in their lives.'

David said one of the main hurdles people with hiv needed to get over was the fear of telling family and friends.

He said for many this was an immense barrier as plwha feared they would be rejected by people they loved.

'You need to disclose your status and that is what our support service helps to teach people,' he said.

'With the help of counsellors and support services, such as Albury Community Health, people can begin to sort some of these issues out.'

The Pozhet service, combined with support from Border services, provides hiv positive people with the opportunity to learn how best to manage their lives.

David said in the past five years there had been a marked increase in education and understanding of hiv positive people.

'The heterosexual and gay community have been working together and have really done some amazing things,' he said.

David said education helped the community to deal with any fear of a condition they had previously known little about.

'We are doing our best to bring people together so they can talk about their medical treatment, their health and their relationships,' he said.

'We treat the whole person and take them as they are.'

'A hiv positive status will always be an issue with plwha having to manage not only the illness but the discrimination.'

'It is constant work but we are trying to help people the best that we can.'

Mr Barton can be contacted at Pozhet on free call 1800 812 404.

A Sexual Health Nurse from the Albury Community Health Service, Mrs Alison Kincaid, can be contacted on 02 6058 1800.

Kristy Grant, first published in The Border Mail, 29 March 2003. This edited version reproduced with permission.

2

Do you want to boost your energy? Fatigue can be defined as tiredness that doesn't go away when you rest. Fatigue can be physical or psychological. With physical fatigue, your muscles cannot do things as easily as they used to. You might notice this when you climb stairs or carry bags of groceries. With psychological fatigue, it may be difficult to concentrate for as long as you used to. It is important for people with HIV to find out what is causing fatigue and to treat it. This factsheet lists a number of causes of fatigue and ways to deal with them.

1 Fatigue caused by HIV

When HIV is very active (also called having a high viral load) it can cause fatigue because your body is using a lot of energy constantly battling the virus. Other symptoms caused by a high viral load, such as diarrhoea and night sweats, can also contribute to fatigue.

Consider

- Anti-HIV drugs can reduce the viral load to undetectable levels. Many people find they have more energy when their viral loads become undetectable. Starting HIV treatment is a major issue that needs to be discussed with your doctor and Treatment Information Officer.

2 Fatigue caused by other undiagnosed infections

Someone with an infection tires more easily because any spare energy they might have is being used fighting the infection. Undiagnosed infections such as hepatitis (inflammation of the liver), parasites in your digestive system or bronchitis can cause fatigue. If these infections are identified and treated, your energy should improve.

Fatigue can be the first sign of an undiagnosed infection.

Consider

- Ask your doctor to investigate for any undiagnosed infections.
- Ask your doctor to monitor your immune system every three or six months. This gives you and your doctor advance warning if your immune system is unable to fight off some common infections that people with HIV/AIDS get. Your doctor can prevent these infections by prescribing medication.

boosting your

energy

3 Fatigue caused by HIV medications

Some people experience fatigue when they start HIV medication, but this is usually a temporary side effect that disappears after the first few weeks of therapy. The HIV drug AZT may cause fatigue by slowing the production of red blood cells (which carry oxygen around the body). Fatigue is one of the initial symptoms of lactic acidosis, an extremely rare side effect of some HIV drugs, such as d4T and ddI.

Some HIV drugs can cause disturbed sleep, which can result in fatigue.

Consider

- First, get your doctor to rule out other causes of fatigue.
- Given that fatigue is a common, temporary side effect when starting HIV medication, your doctor may suggest that you wait for several weeks, during which the fatigue may go away.
- If the fatigue is still there after several weeks of treatment, consult with your doctor as to whether one of your HIV drugs is the cause. If it is, ask your doctor if you have other treatment options.
- *Efavirenz*, an HIV medication usually taken at night can cause disturbed sleep, leading to fatigue. When *efavirenz* is taken with food, drug levels are boosted by approximately 20%, potentially increasing the likelihood of disturbed sleep – taking the drug on an empty stomach can help. Some people find that when they switch their dosing time to mornings, their sleeping patterns improve. Make sure you discuss this with your doctor before you try it.

4 Fatigue caused by depression

When HIV positive people feel out of control with their lives or are forced to cope with constant changes, they may 'run low' on the brain chemicals which help to cope with change. When this happens they may begin to be aware of the symptoms of depression.

Depression is more than just feeling sad. There can be chemical changes in the brain that cause fatigue and a lack of interest in daily activities. You don't have to suffer from depression.

Many treatments are available that can help you get your life back.

Consider

- Get a diagnosis from your doctor or other health care professional. Once you know that depression is contributing to your fatigue, you can start to address it.
- Consider self-help strategies (consult with your therapist or doctor before trying any self-help techniques for depression), for example:
 - meditation
 - get a pet
 - goal-setting and time management
 - stress management
 - relaxation techniques
 - exercise
 - support groups
- Counselling can help you to realise that depression is not your fault; it is not due to something you have done or not done. It also empowers you to begin to manage your condition yourself. Ask your GP for a referral to a counsellor. The ACON Counselling and Assessment Team has trained and professional counsellors able to help you deal with issues in many areas (see contact details at the end of this factsheet).
- Many health professionals recommend combining support and counselling with antidepressants. These drugs relieve the symptoms of depression by acting on the brain's neurotransmitter system, which influences mood and behaviour. Antidepressants take a few weeks to work, can interact with HIV medication and have other side effects, which should be discussed with your doctor.

5 Fatigue caused by low hormone levels

Ageing, the direct effects of HIV or the chronic nature of HIV infection can cause decreased testosterone levels.

In women as well as men, low levels of the sex hormone testosterone can cause fatigue and lack of interest in sex and other normal activities.

Consider

- Hormone levels can be checked with blood tests but it is not a routine test. You need to ask your doctor to check your testosterone levels. Patches, creams, injections or implants can restore hormone levels to normal.

6 Fatigue caused by poor nutrition

The body can only perform normally if it gets sufficient fuel, i.e. food.

One of the body's responses to an inadequate food supply is to conserve energy. The brain gets a biochemical message to reduce activity, with the result that a person experiences increased weakness and fatigue when they try to do something that requires energy.

People with HIV may suffer from lack of appetite caused by illness, drug-related altered taste sensation, or may find eating difficult because of mouth sores, lack of saliva and oral thrush.

Consider

- Seek treatment for any mouth sores, lack of saliva and oral thrush that may be discouraging you from eating.
- Ask your doctor for a referral to a HIV dietitian, who will evaluate your diet and produce an individualised nutrition plan to help address any deficiencies (see the factsheet on nutrition and diet).
- Snacks can increase your energy intake. As well as breakfast, lunch and dinner try to include morning tea, afternoon tea and supper (i.e. 6 small, frequent meals).
- Try to make everything you eat and drink 'count'. Avoid low energy foods and drinks such as diet soft drinks and cordials. Instead, choose milkshakes or fruit juices.
- Enrich the foods you are already eating. Try adding skim milk powder to your mashed potatoes and milkshakes.

General Disclaimer:

This information is intended to inform and educate. It is not intended to replace the advice of your health care professional. If you have or suspect you may have a health problem, consult your health care professional.

7 Fatigue caused by lack of exercise

Aerobic exercise (jogging, rowing, swimming, and cycling) makes your heart stronger and more efficient. Weight lifting creates stronger muscles that give you the endurance to get yourself through the day with energy to spare. Exercise can also improve the quality of your sleep, so you feel more rested even after spending the same amount of time in bed.

Lack of exercise not only reduces energy levels but also increases the risk of heart disease, colon cancer, diabetes, and high blood pressure. Many studies have found exercise to be beneficial to people with HIV.

Consider

- Exercise needn't be strenuous – a short, brisk walk will do. It doesn't have to take much time either – as little as ten minutes counts towards the total of 30 minutes exercise we need to do each day. You can do this 30 minutes in one go, or break it up into shorter sessions of ten or 15 minutes – this makes it easier to fit into your day. Exercise needn't be difficult – it just has to be regular.
- ACON has developed Healthy Life +, a 12-week gym program for HIV positive gay men around exercise, general health and diet that runs regularly during the year. Phone ACON on 02 9206 2000 to find out when the next program starts, or ask for the accompanying booklet.
- The Positive Access Program at FitXGym in Surry Hills is a program reserving the gym exclusively for HIV positive clients at certain times. Phone Ingrid at the gym on 0400 712 964.
- Join a sporting group. Most encourage people living with HIV to participate.

8 Fatigue caused by vitamin and mineral deficiencies

Even if you are eating well, you may not be absorbing the goodness from the food you eat due to diarrhoea, stomach bugs or opportunistic infections.

Fatigue may be caused by low levels of certain vitamins and minerals.

Consider

- A nourishing, balanced diet may reduce fatigue. Consult a HIV dietitian about minimising fatigue through dietary changes and supplements.
- Certain vitamins and minerals have also been shown to be low in HIV-positive people and are often associated with weight loss and fatigue. Before you use vitamin and mineral supplements, discuss your plans with your doctor or dietitian.

9 Fatigue caused by insomnia (sleep problems)

From time to time everyone has problems with disrupted sleep, difficulty falling asleep, or waking up too early and not getting back to sleep. If your sleep problems last for longer than a week and are interfering with the way you feel or function during the day, you need to take action.

Depression, stress, and drug side effects are just some of the possible causes of insomnia.

Consider

- You'll need to seek your doctor's help to rule out any other underlying medical cause. These can include sleep apnoea (periods of stopped breathing), or restless leg syndrome (muscle spasms that occur during the night and may disrupt sleep). If your doctor can't diagnose any specific cause for your insomnia, it may be a good idea to establish daily routines that reduce the likelihood of insomnia.

- Consider complementary therapies such as massage or acupuncture to relieve anxiety or fatigue.
- Reduce your intake of coffee, alcohol and recreational drugs.
- Practice good sleep hygiene, that is, going to bed at the same time each night and using the bed for sleep and sex only.
- Don't nap during the day, since it affects your ability to sleep at night.
- Try relaxation techniques prior to bedtime with a warm bath, yoga or breathing exercises.

10 Fatigue caused by recreational drugs/alcohol

The after-effects of amphetamines, ecstasy, cocaine and alcohol are common causes of fatigue. These drugs are known to cause sleep disorders, dehydration and lethargy "the day after".

Consider

- By drinking lots of fluids you can minimise dehydration and aid in the recovery process. Also, good nutrition with fresh food, such as fruit and vegetables can lessen the "come down" effect by replenishing the body.
- Use the counselling contact details (listed under "depression") if you are worried about your recreational drug use.
- If you don't want the consequences, don't take the drugs.

Contacts

Services provided by the AIDS Council of NSW (ACON):

- **Counselling and Assessment Team**
☎ 02 9206 2000. Outside Sydney 1800 647 750 between 10.00am and 6.00pm Mon–Fri. Trained and professional staff offer a free & confidential service to people living with, affected by or at risk of HIV/AIDS as well as gay men, lesbians, bisexuals and transgender people, regardless of their sero-status.
- **ACON'S Treatment Information Officers**
☎ 02 9206 2013 or 9206 2036. Freecall 1800 816 518 Call for up to date information about treatments for HIV.
- **ACON's Women's HIV Support**
☎ 02 9206 2012. Information, education, support and referral services to women living with HIV/AIDS.

Services from other organisations:

- **People Living with HIV/AIDS (NSW) Inc.**
☎ 02 9361 6011/02 9360 3504 Freecall 1800 245 677. A non-profit community organisation representing the interests of people living with HIV/AIDS in New South Wales.
- **Albion Street Centre Psychology Unit** Mon–Fri 9am–7pm Psychology Unit Manager ☎ 02 9332 9600 24hr Crisis ☎ 02 9382 2222 (ask for Albion St counsellor on call). Free and confidential psychological and counselling services to HIV positive people, their partners, carers, family and friends.
- **Gay and Lesbian Counselling Service of NSW** Counselling Line (4pm – Midnight, 7 days) ☎ 02 9207 2800 Freecall 1800 184 527. A free, anonymous and confidential telephone counselling, information and referral service across NSW on sexuality and life issues.
- **Multicultural HIV/AIDS Service** ☎ 02 9515 3098 Freecall 1800 108 098 Mon–Fri 9am–5pm. Bilingual/bicultural co-workers providing emotional support, advocacy and information to people living with HIV/AIDS from non-English speaking backgrounds.
- **The Australian Psychological Society**
☎ 1800 333 497 www.psychsociety.com.au Find out the nearest registered psychologist to you.
- **FitXGym**, Surry Hills. Telephone Ingrid Cullen (Positive Access Program instructor) ☎ 0400 712 964. The Positive Access Program offers positive people an opportunity to exercise in a comfortable, supportive environment, where individually tailored programs are implemented for HIV+ people who are usually not comfortable in the average commercial gym environment.

For regional NSW HIV/AIDS and related services:

- **Contacts** A directory of services for people living with HIV/AIDS. Available from People Living With HIV/AIDS (NSW) Inc. ☎ 02 9361 6011. Freecall 1800 245 677.

For more information

- AIDS Treatment News; Fatigue
(<http://www.aids.org/FactSheets/550-fatigue.html>)
- Baker et al, *Critical Issues in HIV Therapy: Managing CNS Symptoms*, highlights from a workshop held in New York, December 1–2, 2000.
- Batrouney, C. AZT, *HIV Drug Book*, Australian Federation of AIDS Organisations, Australian National Council on AIDS and Related Diseases, 1998.
- Gamundi R, et al. *everything you wanted to know about HIV-related fatigue but were afraid to ask*
(<http://www.iapac.org/indexpatormetdisplay.asp?catid=185&rtid=320>)
- Healthy Life +, AIDS Council of NSW, March 2002
- Irvine, S. *Feelings, Moods and Fears – Depression and Anxiety*, School of Community Medicine, UNSW, 1999.
- Sadler, S. Nutrition Unit Manager, Albion Street Centre. 150–154 Albion St Surry Hills, NSW 2010 Australia
- Wilson, A. Exercise: You only have to take it regularly, not seriously, 1998, NSW Health
(<http://www.mhcs.health.nsw.gov.au/health-public-affairs/mhcs/publications/4485.html>)

Produced by the Health Promotion Unit of
People Living With HIV/AIDS (NSW) Inc

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Living with hiv - family and friends talk

'E' is a regional nurse, working with people affected and living with hiv in the Sydney metropolitan area. He spoke to *Talkabout*.

T: What makes up the dynamics of your hiv client base?

E: My patient population is diverse and different from the demographics which you would normally associate with hiv infection in Australia. Many of my patients are heterosexual, women and/or from non-English speaking backgrounds (NESB). This was a big change for me as most of my hiv experience over the past 15 years has been with gay men. We do have children who are hiv positive but for the most part we look after the parents, and refer the children to a paediatric hiv unit. This not only allows for specialist knowledge but also the connections to the social support, which is often just as important as the medical care

T: List the three biggest changes in hiv in your career?

E: 1. The introduction of Highly Active Anti Retroviral Therapy (HAART) in 1996 has to be the most amazing thing. This was the era when things started to gel and the standard 12-18 month life expectancy after an aids defining illness, was finally defied.

2. The development of the genotype test to tell us the medications that the virus is sensitive or resistant to. This has saved many

patients especially those with limited options using medications which had no chance of controlling the virus.

3. Finally, there is a slow eradication of the term 'aids sufferers' and it is accepted that 'people are living with hiv', although parts of the media are slow to learn and are still attached to the hysterical terminology.

T: Given that you work in a difficult area, how do you cope?

Burnout in this area of medicine, thankfully, is not as great as it used to be. It is still difficult, with 50% of my friends hiv positive, and it is something that is always in the back of my mind. People living with hiv say that one of the hardest things is that hiv is always with them, there is no escape or respite. Sometimes this is how I feel. I work with it and live with it in my personal life. The best thing is that I don't have the imminent fear that my friends are going to fall sick as I did in the early 1990s. I know that there are people who are failing therapies and this does cause me distress, especially when you build up an intimacy over years. Over the past 3-4 years however, with clinical drug trials and the novel new ways of fighting the virus, there is a sense that we are winning or

at least at the moment staying a half to one step ahead of this little bugger.

T: What angers you most about the area you work in?

E: As a gay man in my late 30s, probably the most soul wrenching thing are 20 year-olds who are still seroconverting for hiv and the overuse of Post Exposure Prophylaxis (PEP) for protection instead of condoms. I know that it's hard to put an old head on young shoulders and show them the types of things I've seen. The reality of the seriousness of hiv for them only comes about when they contract the virus and then realise the lifetime repercussions.

T: What gives you hope that hiv may one day be a thing of the past?

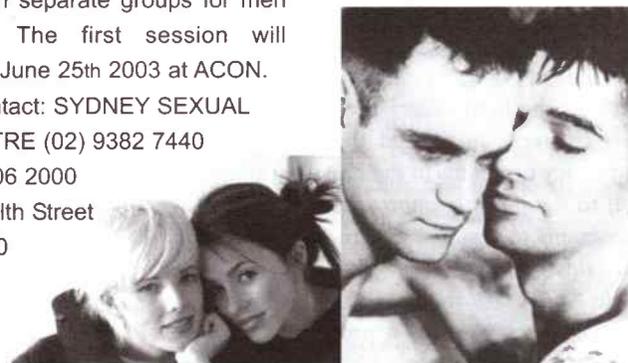
E: I don't think that hiv infection will be eradicated (at least not in my lifetime). The reassuring thing is that I think we are not far off giving patients the hope of a reasonably normal life expectancy. For the most part, hiv has gone from an acute to a chronic process. The next frontier is understanding the toxicities of medication and how to limit their effects, but the juggling act is getting better.




Twentyseven

ACON and the Sydney Sexual Health Centre are seeking gay men and lesbians aged 27 and over to participate in a closed group program called 27Up. Facilitators, special guests and participants will explore issues of sexual health, forming relationships, sexual identity, sexuality, community and connecting. The program will be held over six weeks, with separate groups for men and women. The first session will commence on June 25th 2003 at ACON.

To register, contact: SYDNEY SEXUAL HEALTH CENTRE (02) 9382 7440
ACON (02) 9206 2000
9 Commonwealth Street
Surry Hills 2010



An independent voice

People Living With HIV/AIDS (NSW) Inc is currently conducting a consultation process to help the organisation develop its strategic plan

Recently, there has been criticism suggesting that PLWH/A (NSW) is no longer relevant to people with hiv/aids. Some have even gone as far as suggesting that, if the funds for the organisation were withdrawn, few people with hiv would care. PLWH/A (NSW) understands some of the motivations for these opinions but disagrees. If the organisation was no longer here, the absence of the watchdog role and the, largely invisible, systemic advocacy work we do would severely corrode the quality of health policy and service delivery to people with hiv/aids in NSW.

In this article, we talk about a new program of listening and planning with hiv positive people across NSW, initiated by the PLWH/A (NSW) Board of Directors, and how this program aims to work with people with hiv/aids to improve and grow the organisation. Scott Berry, Vice President of PLWH/A (NSW) and Convenor of PLWH/A's Strategic Planning Committee says, 'While I don't want to pre-empt the findings of our consultation, preliminary goals for our strategic planning at this point are (a) to rigorously analyse and improve the quality of our partnership with people with hiv/aids in NSW, (b) to change the organisation as the lived experience of people with hiv changes, (c) to find the right role for advocacy programs in the organisation, and, (d) to significantly improve the reach of our programs to regional and rural people with hiv/aids.'

In April 2003, the PLWH/A (NSW) Board of Directors initiated a program of listening and planning with hiv positive people

across NSW. A travelling roadshow has just visited the Northern Rivers, Newcastle, Western Sydney, Inner City Sydney and the Illawarra. These workshops, along with a range of group consultations, research initiatives, planning workshops and individual interviews will form the basis for visioning the next three years of programs for the organisation. In October, the Board of Directors will release the organisation's first strategic plan as well as a set of change proposals based on this extensive consultation process.

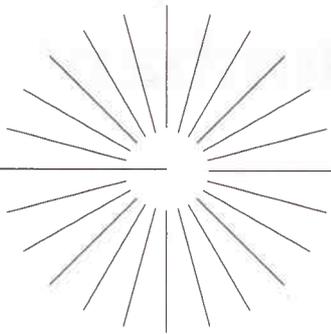
You can get regular updates at www.plwha.org.au or by becoming a member of the organisation. We're currently asking you to complete a questionnaire that asks a set of simple questions about our goals and objectives. The questionnaire is on our website or you can call the office on 9361 6011 or 1800 245 677 for a copy of the Strategic Planning Newsletter. Alternatively, you can write directly to president@plwha.org.au to have your say.

We'd like to take you back in time to the formation of PLWH/A (NSW). It was in 1989 that a group of concerned individuals formed the 'entity' we now call People Living with HIV/AIDS (NSW). At that time, people with hiv/aids were experiencing extreme discrimination and segregation in the face of a savage and epidemic disease we now know is hiv. There was no treatment for hiv and, perhaps you remember, we had only just stopped calling it 'Gay Related Immune Deficiency' syndrome, or GRID. This small group of people, themselves living with and affected by hiv/aids, believed the entity PLWH/A (NSW) could help improve the lives of positive people in this State. They

believed that hiv related discrimination could be reduced through the work of the organisation. They thought that, because PLWH/A (NSW) existed, people with hiv would be increasingly able to access better medical and support services without fear of confidentiality breaches or denial of these essential services.

Since then, in spite of the modest size and resources of the organisation, we've kicked a number of significant goals with and for hiv positive people in NSW. Some examples include the continued relevance of *Talkabout*, as well as the Positive Speakers Bureau's important work keeping our faces visible and our stories heard across the State. We shouldn't forget the important achievements we've made in the past through our treatment advocacy program, which we passed on to the National Association of People with AIDS in 1998. More recently there have been groundbreaking and innovative anti-discrimination campaigns facilitated through the PLWH/A (NSW) Health Promotion Project. The first public billboard confronting hiv discrimination is one of a number of significant achievements of that project, which the Board is extremely proud of. *Talkabout* enters its fifteenth year in publication this year. PSB has been running in its current form for ten years. We have cause to celebrate the success of these projects and to thank the volunteers and staff who've kept these and other programs alive. They are evidence of the important role the organisation continues to play in challenging discrimination and providing opportunities for people with hiv/aids in NSW to speak for ourselves.

The lived experience of people with hiv/aids and issues affecting us have changed



Scott Berry (l), Vice President of People Living with HIV/AIDS (NSW) Inc and Convenor of PLWH/A's Strategic Planning Committee, with strategic planning consultant Ann Porcino, and John Robinson, President, People Living With HIV/AIDS (NSW) Inc.



considerably since those early days and, more steadily, since clinical testing and antiretroviral efficacy improved. Now we face new and dangerous challenges. Hiv is no longer an election issue and so our power as a lobby group to influence politicians and get media attention has diminished significantly. The importance of *Talkabout* in this environment can't be under-estimated. The partnership approach to hiv is not what it was. Few people with hiv/aids in NSW would know that we represent you on over 50 working groups and committees across the State. The representative work undertaken in these forums helps to ensure access to clinical trials, ensures that hiv remains on the policy agenda of politicians and senior bureaucrats, that gaps in hiv service provision are addressed with service providers, among other things. This invisible work undertaken partly by staff and partly by volunteers of the organisation plays its part in keeping the partnership approach to hiv alive in NSW.

The Commonwealth Government appears to be steadily dismantling aspects of our free public health system. At the time of writing, it looks extremely likely they will gain a fourth term in government. The reformation of the health system poses serious risks for people with hiv/aids in the future. The Commonwealth is also moving to implement significant changes to the Disability Support Pension and PLWH/A (NSW) has been doing its bit to block these legislative changes. Through the listening and planning process we'll be investigating ideas for reconfiguring our advocacy programs so we can negotiate these changes more effectively and support people with hiv/aids if they are realised.

The motivation of people with hiv/aids to engage in hiv advocacy and political action has diminished over time. For PLWH/A (NSW) this has meant less direct communication and feedback from you. Yet, we've continued to work on the old model of participative community involvement – even to demand it – in spite of changes in the lived experience of people with hiv/aids. An organisation that doesn't change with its environment, or with the needs and desires of its constituents, is doomed to stagnancy and obsolescence. Although we hope to keep core elements of our community involvement strategies, we need to analyse and improve our partnership with you by finding new ways to keep you informed and able to input.

PLWH/A (NSW)'s core values have changed little since those early days of formation – certainly not in the last eight to ten years. This is in spite of major changes in hiv and in the health and community advocacy sectors. We need to consider health promotion and population health in our work and ask how we should undertake community development in a way that works more effectively than before. We need to revisit our *raison d'être* (our 'reason for being'). We must ask you directly what we should be doing and we must use research to ensure our goals are congruent with current best practice.

Our structures have also remained the same for many years. Our working groups and consultation mechanisms haven't changed and internal channels of communication between the Board and our volunteer working groups has, in some cases, corroded through neglect. We need to trans-

form these structures and channels of communication so there is ongoing learning and information exchange. Our current staff and management structure provides little opportunity for growing and innovating, for sourcing new funding opportunities or building experimental partnerships. In particular, our capacity to fund programs for regional support to people with hiv/aids seems crucial here. In the context of a dearth of change and innovation in our core values and structure, some of our longer term programs begin to look like relics of an epidemic from years gone by.

There are so many questions to be asked and answered. We're sure this article has only tipped the iceberg of issues. Over the listening and planning process we'll be engaging you in broad discussions about the future of PLWH/A (NSW). Two visioning workshops will be held with staff, the Board, working group convenors and regional representatives. In these workshops, we'll be asking about our *raison d'être* and reformulating our core values and objectives. During these workshops we'll have the opportunity to interpret the feedback from our Statewide roadshow and to rigorously analyse the outcomes of our research program. We'll publish a consultation report on the website and send copies to all our members. Ultimately, we want to keep what works and create opportunities for growth, change and innovation.

Now, just as before, people with hiv/aids in NSW need an independent voice speaking out on issues and acting as watchdog to ensure you have access to services and that our issues are out in the public domain.



The Children of Nyumbani

Victoria Bauer visited Nyumbani, where 45 children were photographed for a travelling exhibition

A vibrant mural of clouds, angels and children's hands, bordered by huge letters spelling JAMBO, which means 'hello' in Kenyan, is the first thing that greets you at Nyumbani hospice. Set on nearly 2 acres in a suburb of Nairobi, Nyumbani was the first hospice in Kenya for children abandoned because they or their parents have hiv. The World Health Organisation (WHO) predicts that there are 78,000 hiv+ children living in Kenya alone. Dumped at hospitals, thrown in dustbins, or simply left to fend for themselves, the staff at the hospice have the harrowing task of rescuing the children. Many hiv+ mothers, predominately in Africa, assume that their children will not survive when they are born. However, many of these infants show a 'false positive' at birth because they carry their mothers antibodies - their true status is known several months later. It is usually only 1 in 4 children that are, actually infected

Nyumbani

It was due 'to an absolute need to do something' that Father Angelo D'Agostino founded Nyumbani over a decade ago. 'After travelling to Kenya I realised that if something wasn't done, many hundreds of thousands of children would die.' D'Agostino set up Nyumbani (Swahili for home), with the vision that 'it would be a safe and nurturing haven for these children.' Father D'Agostino now divides his time between fundraising for Nyumbani in the USA and visiting the hospice. Presently, estimations show that 93 of every 100 children who are infected with hiv globally live in sub-Saharan Africa. There are also at least 1 million children living with hiv in Africa.

In total, there are 10 cottages to house the children. Aged between just a few weeks and 15 years, all of the children have resident 'mothers' who live in the cottages. They provide them with love and attention, vital for the children who are often traumatised

and in desperate need of nurturing. A stress-free family life can mollify the ravages of hiv. Each cottage has about 6 children, and they are provided with the best nutritional, medical and spiritual care possible. There is a medical centre on-site, as well as a school, convent, office, garden, volunteer accommodation and communal kitchen.

Leo Toto

It is estimated that about 40 million hiv+ people currently live in Africa alone. It was with these alarming statistics, coupled with the growing numbers of referrals to Nyumbani, that Leo Toto was founded. Leo Toto, Swahili for 'to bring up a child', is a community based outreach program. The program provides education, care, support and medical assistance to hiv infected families in and around Nairobi. Founded 4 years ago, Leo Toto is based in Kangemi, a slum in Nairobi, and already provides assistance for about 190 families. One of their primary roles is to raise awareness about hiv/aids. In Africa, there are vast societal, cultural and economic problems that surround these infections. Often the women have no say in whether protection is worn during sex, and condoms are often not found in smaller communities. Awareness is achieved through education seminars at schools, churches and informal gatherings. Intense psychological and medical assistance is also provided for families. Leo Toto has provided employment for 14 Community Health Workers, who visit families in the slum and provide the best assistance possible. Its program is used as a role model for other community based initiatives.

Nyumbani exhibition

Leading Australian photographer, Andrew Dunbar, first learnt about Nyumbani in 1998 and decided to document the children to bring the plight of these children to the world. He wanted to 'capture them (the children) in a way that was honest: that

is not constructed or contrived, but real.' The 'Children of Nyumbani' exhibition has travelled to Australia, Canada, the UK and America. Dunbar sadly points out that many of the children that he photographed have passed away. The exhibition consists of 45 black and white photographs of the children's faces. 'The biggest realisation for me is that I could use photography in a positive way and I guess for me that was very fulfilling,' says Dunbar. 'I mean, art based photography is fantastic, commercial is fantastic, but the use of my profession goes beyond me. That is what is so good about humanitarian photography.'

The future

Hiv is now reaching epidemic proportions, not only in Kenya, but throughout the world. Lack of education, limited access to basic health service provisions and cultural attitudes seem to be the greatest problems. Alarmingly, the WHO said last year that 'hiv prevalence is 35 times greater in the developing world than in industrialised countries.' However, these figures are not surprising when destructive and harmful cultural practices such as genital mutilation and 'dry' sex are still common throughout Africa. The WHO also cites that 'there are 12 African women currently infected for every 10 African men.' Hopefully, through basic education at schools and in the wider community, combined with world leaders who are committed to bring about economic and societal change, we will be able to combat this ballooning global problem.

Nyumbani and Leo Toto rely totally on the support of people and their compassion locally and abroad. Please feel free to send a donation or find out further information by contacting the following:

Nyumbani Hospice, PO Box 24970, Karen, Nairobi, Kenya, Africa

www.nyumbani.org www.leototo.com

This article was first published in Yen, no. 3, April 2003.

PSB: Educating Norfolk Island

Paul Maudlin, Positive Speakers Bureau,
visited Norfolk Island recently

Some of you will remember the storm of controversy that erupted last year when it was announced that people living with hiv/aids would not be permitted to permanently migrate to the beautiful Australian Territory of Norfolk Island. As I understand it, it wasn't only plwha being denied entry but all people living with life threatening illnesses.

The then President of the NSW Anti-Discrimination Board and Chairperson of the AIDS Trust of Australia, Chris Puplick, visited the island and spoke to locals about some of the issues that had arisen. It was during this visit that Chris met Brett Thompson, a school teacher from Norfolk Island Central School. Brett was familiar with the Positive Speakers Bureau (PSB) and had used speakers at his previous school as part of the Personal Development Health & Physical Education (PDHPE) and Crossroads curriculums. Brett thought it was a good idea to once again utilise the services of the PSB and put the idea to Chris Puplick.

In March, the AIDS Trust of Australia and Norfolk Island Central School sponsored my three-day visit to do what the PSB does best – put a 'Human Face to HIV/AIDS' – and speak about living with the virus and what it means for me personally and plwha generally.

During my very short stay in this beautiful Pacific paradise, I did six speaking engagements and two radio interviews. These included students in years 10, 11 and 12, the whole Norfolk Island Central School teaching staff, St. John's Volunteer Rescue Association, Norfolk Island Hospital staff and community.

All speaking engagements went well over time. This was a perfect opportunity for me to speak from a personal perspective as well as talk about the PSB Project and the role of PLWH/A (NSW) Inc and answer the seemingly endless questions raised by audience participants.

Brett Thompson and his partner Karen went to a lot of trouble to make sure that

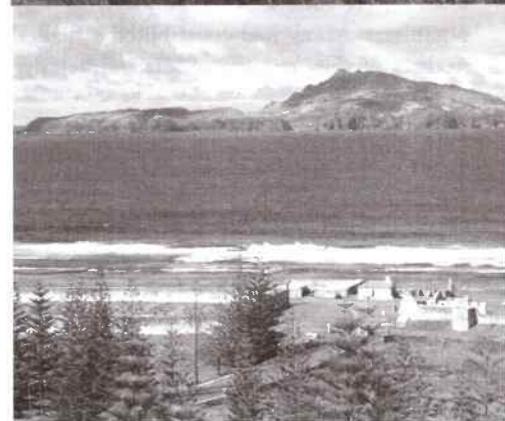
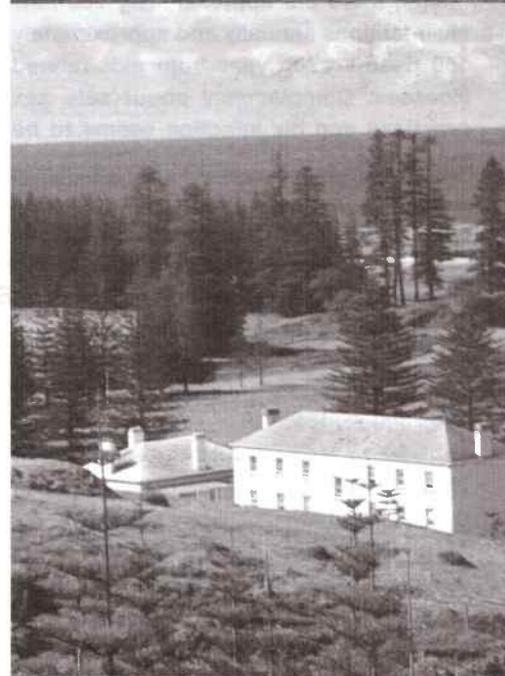
my visit was well utilised by local people and that I was also looked after ... which I was. The only disappointing thing about my trip was the lack of response from the community meeting (four students turned up) on the Friday evening. This meeting had hastily been rescheduled and the venue changed due to the local minister refusing to confirm the local youth centre as our venue for the evening. After talking to the school staff, it was decided that it would be an ideal opportunity to talk to parents as well as students and highlight the many benefits of providing condoms and/or a condom vending machine so that local youth could access these without discrimination. I thought this was a great idea, so a community radio interview was

All speaking engagements went well over time.

hastily arranged and a community meeting announced for the Friday evening.

Overall, the trip was an ideal opportunity to freely talk to people from a small remote community possibly unlike any other in Australia about some of the very complicated issues that face many of us living with hiv/aids. I don't think that the immigration policy to permanently migrate to the island will change much in the future and I can understand why. I would love to live there but I would very much enjoy the beauty and semi-tranquility of the NSW Central Coast. It is a lot closer to all of the hiv services, family and friends that I need to access. It would be so much harder to do this living on Norfolk Island. I know of several plwha who call Norfolk Island home, but they choose not to live there for the reasons I've stated. This is a great pity, but that is their choice.

They compromise by returning for short visits whenever the bigger world becomes a bit too much for them. Good luck!



Where to for the Quilt Project?

Penny Wright attended the March community consultation about the future of the Quilt Project



Even with advancements in medical treatments, there are approximately 700 new hiv infections annually and approximately 150 deaths each year from aids-related illnesses. Complacency about safe sex practices and hiv infection seems to be increasing.

There is ongoing educational use for the quilt, which also represents a memorial to those who contributed significantly to the community. For this reason alone, there is a need to sustain and preserve the quilt.

A community forum on Saturday 29 March in Surry Hills discussed whether the Quilt Project is still relevant, given changed attitudes to hiv and aids. Project convener Phil Diment compared the complacency in the community to that shown recently to the Mardi Gras and the Gay Games.

Twelve people attended, mostly committee members or ex-members, and those who work for organisations that directly support the Project, such as the World AIDS Day organisers. Many had contributed a 'panel' to the quilts, in memory of a friend, relative or partner.

The project began in Sydney in 1995, after a year in which many people in the gay community lost a lot of friends to aids-related illnesses. Project originators felt the need for a memorial to lost loved ones that was in keeping with the way they had lived, hence the many varied and colourful 'panels' that represent each person. The quilts were 'an opportunity to share the mourning process and a celebration of the life of the deceased',

as Giles Hugo wrote in 1994 when reviewing 'AIDS: Lest We Forget', a book of the project.

Now, the community as a whole, and the gay community in particular, has lost interest in the project as a way of expressing grief and loss. This shows in the small number of visits.

Strategies discussed at the consultation for the future included a permanent museum for the quilts, handing the panels over to an existing museum, creating an electronic archive, such as used overseas to enable web users to view the quilts online, and collaboration with other groups.

Most people now want to deal with their emotions privately. Ian Innes, a previous convener of the Project, described this as the 'compartmentalisation of loss' and the manifestation in the community of a kind of 'collective amnesia' towards hiv and aids.

All speakers at the forum spoke of the emotional power of the quilts. Diment said, 'they never fail to touch our hearts'. Paul Long, only recently introduced to the Project, said he was 'shocked how quickly they evoke emotion'. Several people spoke of the positive role the quilts had played in the education of young people and how taking these into schools had been extremely successful. Barbara, an ex-committee member, spoke of children's response to the quilt as 'very powerful'. Most agreed it was important to preserve the quilt as an educational tool.

Predominantly utilised by the Positive Speakers Bureau and quilt speakers as an educational resource, particularly in schools, the quilt is a powerful visual tool.

For the panel-makers, custodianship is an important issue. Although some makers had expressed a desire not to see their panel again, because the process had been one of 'closure' for them, it was felt vital to retain 'ownership' of the quilts for the sake of the contributors.

Any income the Quilt Project receives generally comes from World AIDS Day displays, donations, individual bequests, and fundraising activities. Educational talks involving the quilt have also provided a steady source of income. The main expenses include office operational expenses, displays for World AIDS Day and other commemorative displays.

Data is required about the effectiveness of the use of the quilt as an educational



resource. A formal evaluation is required to determine the value of the quilt as an educational tool. This may be achieved by the use of talk evaluation forms which are distributed to teachers and students following educational sessions.

As well as the Positive Speakers Bureau, educational talks are currently conducted by members of People Living With HIV/AIDS (NSW) Inc and the Quilt Project.

This means resources are duplicated across organisations.

The Quilt Project is currently developing a video about the quilt in accordance with Department of Education guidelines.

Strategies discussed at the consultation for the future included a permanent museum for the quilts, handing the panels over to an existing museum, creating an electronic archive, such as used overseas to enable web users to view the quilts online, and collaboration with other groups.

A home for the quilt requires ongoing costs and maintenance. Even if ideas to house the quilt in a building provided by the government, eg the Reservoir building in Crown St or the Criminal Law Courts at Taylor Square in Darlinghurst, can be achieved, ongoing funding for operational costs will be necessary.

An assessment of the quilt is needed to establish the most appropriate and cost effective storage method. The present storage method, folding and storing the quilt blocks on shelves, is considered unsuitable.

In the 1990s, the Quilt Project in the USA faced the same need to preserve the quilt panels. With up to 40 quilt displays each week in the USA, the earliest panels were showing signs of wear, and the quilt was gradually deteriorating.

To help preserve the project, the NAMES Project started the AIDS Memorial Quilt Archive in 1994. The archive was conceived a few years earlier by Louise Bloomberg and Karen Lederer at the University of Massachusetts at Amherst, both of whom recognised the benefit of emerging technologies that both preserved and increased access to art collections. Luna Imaging, a Southern California firm specialising in digital imaging for cultural institutions, helped the NAMES Project Foundation establish an affordable photography protocol.

San Francisco photographer Paul Margolies designed a photography studio at the NAMES Project Foundation's office in San Francisco to take photographs of all 5,000 sections of the quilt. With the support of a dedicated group of volunteers, the entire quilt was systematically and professionally photographed.

The resulting AIDS Memorial Quilt Archive provides a permanent and comprehensive record of the quilt. The internet and CD-ROM products offer an unprecedented opportunity to reach newer and wider audiences. Very soon, people will not wait until a display of the quilt happens in their community; they will be able to view the quilt anytime by computer, at home, in the office, in classrooms or libraries.

<http://www.nea.gov/artforms/Visualarts/NAMESArchive.html>

'A Record of Human Existence Like No Other: The AIDS Memorial Quilt Archive', Anthony Turney, Executive Director of the NAMES Project Foundation.

Medicare changes proposed

Susan Hawkwood summarises responses to the Federal Government's Medicare proposals

In a media release on 1 May, Federal Minister for Health and Ageing, Senator Kay Patterson, claimed the Government's \$917 million 'A Fairer Medicare' package will benefit all Australians. The Minister claims the package will improve affordable access to GPs, train more doctors and strengthen safety nets for patients.

'It is disappointing that doctors' groups have criticised the Government's package,' said Senator Patterson.

In a joint statement issued by the Australian Medical Association (AMA), the Australian Divisions of General Practice (ADGP), the Royal Australian College of General Practitioners (RACGP), and the Rural Doctors Association of Australia (RDAA), doctors claimed the Government's Medicare Package does not adequately address the issues of access and affordability. As well as being unlikely to benefit the working poor who do not have healthcare cards, the package is unlikely to benefit many concessional patients in areas with low bulkbilling rates.

The Government's Package will fail to support quality accessible patient care for Australians, the doctors claimed, and will bring about a two-tiered system of care. The independent arbiter (the Relative Value Study) has calculated that a fair fee for a standard GP service should be \$50.

While the GP Groups acknowledge that some aspects of the Package could be steps in the right direction – such as the safety net and workforce measure – the complex nature of the Package will create more red tape and all the positives are tied to other aspects that are unacceptable.

The response of members of doctors' groups to the overall Package, particularly the way in which some aspects of the Package will be implemented, has ranged from cautious to negative. The only strategy most members are willing to accept is increased patient rebates with no restrictions on how GPs bill.

'I reject the claims of the doctors' groups that the package will have little impact on

access to, or the affordability of, GP services,' Senator Patterson said.

The Minister claims up to seven million Commonwealth cardholders will be able to see a GP at no cost if their GP participates in the new program, which delivers incentives ranging from an average of \$3,500 in urban areas to an average of \$22,050 a year for practices in rural and remote areas.

If a doctor refuses to bulkbill patients who do not have a concession card, upfront costs will be significantly reduced. If patients visit a doctor who participates in the General Practice Access Scheme, they will only have to pay the gap between the Medicare rebate and what the doctor charges.

Under the proposed plan, GPs can continue to offer no-gap services without a means test. There will be 234 more places in medical schools; 150 extra places for GP training; 800 practices will be eligible for practice nurses to help take the load off doctors.

The package is fair, Senator Patterson claims, because it increases protection for concession cardholders and non-concession cardholders with stronger safety net arrangements.

Senator Patterson claims the costs to doctors setting up the proposed arrangements are likely to be between \$1,000 and \$2,000, and not \$17,000 as claimed by doctors' groups. The Government will provide doctors with up to \$1,000 to help them meet these costs.

The doctors' groups say that they will only accept a doubling of the Medicare rebate to \$50. This would cost Australian taxpayers about \$3 billion extra a year, would not guarantee bulkbilling to a single Australian and would do nothing to address the lack of doctors in some regional and outer-metropolitan areas.

Queensland Premier Peter Beattie said, on 4 May, that the Government's proposed changes to Medicare, together with the Federal Government's hospital funding offer, would create a new working poor. Mr Beattie said health funding should be on the agenda at the next COAG, the Federal, State and Territory leaders' conference.

In late April, the States and Territories rejected Federal Health Minister Kay Patterson's non-negotiable public hospital funding offer.

Mr Beattie said Prime Minister John Howard had admitted that the offer was a \$1 billion cut when compared with the forward estimates.

On top of that, the Federal Government was creating a new working poor of people who would not be able to access bulkbilling.

'So we will end up with a whole generation of Australians earning \$32,000 to \$33,000 who will be the new working poor, yet they can't get into hospitals because the Federal Government is pulling \$1 billion out of them,' Mr Beattie told ABC television.

In response to the proposed Medicare changes, NSW unions warned employers to expect significantly higher minimum wage increases as a result.

Welcoming the \$17-a-week pay rise awarded to the nation's lowest-paid workers on 6 May by the Australian Industrial Relations Commission (AIRC), NSW Labor Council Secretary John Robertson said the Federal Government's \$917 million Medicare reform package would leave low-income earners out of pocket.

'If changes to Medicare shift a cost burden onto workers, particularly the lowly paid, we will seek to have those costs absorbed in next year's minimum wage case,' Mr Robertson said.

The proposed Medicare changes were poorly received by 1,400 people who took part in a Herald-AC Nielsen poll in early May. Four out of every 10 participants in the poll believed they would be worse off under the new health arrangements. Only 12% thought they would be personally better off if the Medicare changes were adopted.

More than a third thought the proposals would have no effect on them.

Thirteen percent weren't sure what impact the proposed changes would have on them and 18% were unsure whether the proposed changes would improve the health system.

Of the Coalition voters who took part, 16% said the changes would be good for them; 28% thought they would be worse off. More than half said the proposals would make no difference or that they did not know.

Only 14% believed the measures would make the system better, while 41% believed the system would be worse off.

Responses to the AC Nielsen poll were similar among men and women and across State boundaries but older people were less likely to have definite views on the measures than young adults. Only 11% of those aged over 55 thought they would be better off, compared with 21% of the 18-24 age group.

Of the older group, 61% said the changes would make no difference or that they did not know, compared to 41% of the younger group.

A Newspan poll, conducted exclusively for *The Australian* on the same weekend, found that one in three Coalition voters believe they will be worse off if the proposed changes are adopted. Another quarter are confused about how it will affect them, with only 14% believing they will profit from the proposed changes.

Half of all voters surveyed concluded they will have to pay more for healthcare under the new Medicare. Only one in 10 voters think they would be better off.

Of the ALP voters surveyed, 60% think they will be worse off under the package. Only 8% think the changes will be an improvement.

Younger people and men were the most enthusiastic respondents. The highest support came from people aged 18 to 35. Sixteen percent thought they would be better off – more than twice the number of over-50s who felt the same way.

The greatest fears about the changes were expressed by voters aged 35-49, with 55% thinking the changes would result in higher medical costs. This fear was slightly higher among women (47%) than men (45%).

'Health funding a "bloody disgrace"', 04/05/03, www.news.com.au.

'Medicare reform "to wipe out rise"', 06/05/03, www.news.com.au

'Medicare plans fail to woo: poll', Mark Metherell, 07/05/03, www.smh.com.au

Summary of measures

- From November 2003, the General Practice Access Scheme will guarantee that Commonwealth concession card holders attending participating general practices will receive consultations at no cost to the patient.
 - all practices in rural and remote areas will receive a higher incentive payment.
- From January 2004, new protection will be in place for those Commonwealth concession card holders who face high cumulative out-of-hospital medical costs.
- This safety net will meet 80% of concessional patients' out-of-pocket costs for all out-of-hospital Medicare services over a \$500 threshold in a calendar year.
- From February 2004, up-front costs for non-concessional patients visiting participating general practices will be significantly reduced. Non-concessional patients attending participating practices will be charged only the difference between the Medicare rebate and the doctor's fee. Doctors will retain the option of providing no-cost medical care to any patient.
- For all patients of participating practices, Medicare will be much more convenient. With the patient's consent, the Medicare rebate will be paid directly to the GP by the Health Insurance Commission, avoiding the need for patients to claim the rebate from a Medicare office.
- From January 2004, private health insurers will be able to offer insurance coverage for the cost of out-of-hospital Medicare funded services over \$1,000 in a calendar year. This includes costs above the schedule fee and delivery of general practice, specialist and diagnostic services. Preliminary indications are that the cost of this new product, which can be made available independently of other private health insurance products, would be less than \$1 per week for families.
- For general practitioners providing services to veterans through Local Medical Officer (LMO) arrangements there will be an extra payment above the schedule fee of \$3 per patient visit.
- For all participating doctors there will be financial incentives, assistance to review current business practices and support for 'broadband connectivity' focused on rural and remote communities.
- For all participating doctors, there will be business benefits through streamlined direct billing and rapid payment of rebate claims, down from 8 days to 2 days.
- A long-term investment is being made in the health workforce through the creation of an additional 234 new medical school places each year and 150 new GP Registrar positions each year. These places will come on line in the 2004 calendar year, and will result in a significant increase in the number of doctors, particularly in outer metropolitan and rural areas.
- From November 2003, funding will be provided to participating practices in areas of workforce shortage to employ up to 457 full-time equivalent nurses, benefiting around 800 general practices.

Using HACC services: the story for people living with hiv/aids

Rob Lake is a Project Officer at People With Disabilities NSW.

Finding support to live at home has often been difficult for people living with hiv and aids. Since the epidemic began, shopping, cleaning, getting meals or having the opportunity to leave the house for some company have been essential but often difficult to arrange. Poverty and isolation increase the impact on people who can't find these services. Initially, services such as CSN (Community Support Network) used volunteers to provide them. This was sometimes because mainstream services didn't understand that plwha were entitled to use Home and Community Care (HACC) services or were scared of working with plwha. This wasn't the case with all services. Some, particularly in Eastern Sydney, adapted so that plwha would be able to use their service. Over the last five years, as demand for assistance has grown, particularly outside Eastern Sydney, there's been a need to look to mainstream community services to fill the gap.

In 2000, the NSW State Government funded a project to look at ways to improve access to HACC services for plwha. HACC services include:

- Shopping: community transport, neighbour aid
- cleaning, cooking, other home help and personal care: Home Care
- food: Meals on Wheels, Food Distribution Network
- transport: health related, community transport
- help with organising care and support needs: community options
- help for carers: respite

The project trialled different ways to improve these services' understanding of what plwha need by helping workers in hiv and HACC services work together, develop networks and refer clients to services they

need, adopting work practices to protect clients' confidentiality, improve service quality and promoting services to plwha living at home or leaving hospital.

This year, a project has begun to carry on the work of the 2000 'Improving Access' project. It is based at People With Disabilities NSW, and involves a project worker who, over the next year, will work with HACC and hiv services, and plwha to promote ways to improve access to services, increase referrals to HACC services, and promote the use of these services by plwha. Some of this will be done through training of HACC service workers, seeking out examples of services that plwha use now, and think work well, and promoting these improvements to service delivery in areas where there is a similar need.

This is a Statewide project, and will initially be focusing on Sydney, Blue Mountains, Northern Rivers, Hunter and Illawarra. The first project will develop a listing for community services in the Contacts services directory for plwha that is easier to use. This directory is due to be published by PLWH/A NSW in July this year.

Future projects include a website, with resources, links to useful info, and a place to collect examples of good and bad experiences that can inform the project.

Rob Lake, the project worker, is keen to talk to people about their experience of using HACC services, what would make it easier, what are the good and bad things that services do and what makes it hard to use services. Some things people have talked about previously include the fees charged, needing to go outside the boundary of a service (particularly transport), and feeling uncomfortable among groups of other, often older clients they don't have much in common with. The high demand for HACC services means that when you call the service, they can't provide help straight away, and may

Rob Lake, the project worker, is keen to talk to people about their experience of using HACC services, what would make it easier, what are the good and bad things that services do and what makes it hard to use services.

ask you to wait. This was also identified as a common problem.

In particular, he is keen to find out what has changed since the report was carried out in 2000, whether it is easier or harder, and what impact treatment changes are having on being able to live at home.

Some examples of the sorts of services running successfully include:

- o Food Distribution Network, which provides home delivery of fresh fruit and vegies in the Inner City (9699 1614)
- o South East Sydney Outings Program, for nightly social outings for plwha (931 4439)
- o Newtown Neighbourhood Centre individual shopping service (9516 4755)

If you have experience of other services, particularly regional services, that work well for plwha, please let Rob know.

If you'd like to talk to him, please call on 1800 422 015 or email robl@pwd.org.au. If you use a TTY, the number to call is 1800 422 016.



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olga's personals

Hiv+38 guy, lives in the country. I'm 183cm, slim/average build, hairy chested and DTE. Seeking someone (18-50s) for fun and maybe more if compatible. I like country life, animals, art, food and a good time. 100004

Surry Hills. Black gay guy, late 30s, DTE, hiv+ with a GSOH. Versatile. WLTM Mr TLC. View LTR. Welcome all nationalities. 100005

Heterosexual male, 42 yrs. Hiv and positive that he will one day find a friend who is heterosexual, female, hiv and positive in complementing each other's life journey in love, health to becoming free. 100006

Looking for older and younger guys, gay, bisexual or straight, want to discover new experience, pleasure, enjoyment, naughty women, no frills relationship. Hiv status not important. No hurry-ups or strings attached. Welcome odd hours, cosy, discreet apartment, near city. Hope meet soon. 100007

Hiv +ve gay male, 30yo, GSOH and responsible. With view to LTR for the best of life, love and happiness. Enjoys cosy nights in, seeking fun and healthy relationship without the use of drugs and alcohol. Only genuine replies. Reply: 100000

Active horny male seeks a totally passive male 18-40 yrs who is quiet, gentle, softspoken, caring, non-scene and likes lots of living & TLC. Good looks not important. Prefer reasonably solid build guy who is unattached and wants a longterm 1 to 1 relationship. Reply: 100001

Very good looking hiv +ve guy, good body, very healthy professional, NS, GSOH. 5ft9in, olive complexion, brown eyes, 32yo seeking guy up to 40yo, for fun, sex, companionship. Preferably North Shore area. Reply: 100002

Millionaire! Have you everything except something magic ... true blue friendship? Looking for that special relationship put icing on cake. Spunky, funky guy, intelligent, interesting, fun. Interests: music, theatre,

good food & wine. Genuine replies appreciated. ALA. Reply: 100003

39yo +ve, fit, good looking, 5ft11in, honest, genuine, live in Eastern Suburbs, dog owner, seeks guy, late 30-50, sincere, intelligent, warm, articulate, fit. Reply: 010801

Shy, sincere, loyal and hardworking 35yo hiv +ve, divorced and honest straight guy living in Sydney, seeks friendship with hiv+ve lady in similar situation who wants to meet a true, loyal and down to earth friend. ALA Reply: 020602

Central Coast, cute, slim, hiv +ve (18yrs), 42yo passive bumboy. Seeks slim hung dickman, 35-50, for fun, sex and compassion. Reply 010602

Good looking 30 yo straight, +ve male, recently diagnosed, good health, non-smoker, social drinker, seeking honest, straight, single female aged between 22-32, for serious relationship and love. Please respond if you are genuinely interested. I am looking to hear from you. You will not be disappointed. Reply: 070402

Long Bay, 28 yo hiv +ve, good looking, intelligent, kind hearted, country lad and straight acting. Like a drink, don't do gay scene very often, looking for good friends, penpals. A real man is hard to find. 'Are you my knight in shining armour?' Reply: 060402

Guy 50s, Ryde area. Active and in good health, hiv +ve, 6ft1in, 85kg, blonde, likes home TV movies, going out, GSOH, no ties, seeks person for companionship, relationship. All replies answered, so please write. Reply: 050402

24yo gay guy, hiv +ve for 5 years, DTE, GOSH, comes from country. I am currently in goal and looking for penpals with other hiv +ve gay guys with the same interests. ALA Reply: 040402

Stth Sydney, 41yo, Black gay guy, hiv & hep C +ve. Hi, I've been hiv/hep C for 11 yrs. I'm 5ft4in tall, tight body, ok looks, you similar

36-43yrs wanting same. Reply: 030402

Early 40s guy would like to meet with a genuine guy, 35+. Preferring sincerity and understanding is a must, so (please) don't waste our time. Genitals are fun BUT I really need some heart. Heritage is no barrier. Reply: 020402

Hiv +ve guy, 53, 5ft7in, brown eyes, OK looks and physique, seeks similar female penpal! With view to whatever. I am prudent, compassionate, and monogamous, have learnt not to try and understand women but simply adore them. Residents in Gold Coast. Reply: 010402

Hiv +ve gay male, 42, GSOH, caring, romantic, in good health, enjoys travel, dining in/out, bushwalking. Looking for an intelligent, passionate, genuine active guy to 46 with a view to LTR. Not into drugs or the scene. Genuine replies only. Reply: 010202

Homebody hiv +ve gay guy, early 40s, appreciate the quiet simple things in life, and the occasional affection. Looking for some similar for LTR. Reply: 021201

GM, 50yo, 22 yrs with hiv, still good looking, albeit a bit creased. Defined muscular little body seeks someone to share life. Everything from 10 pin bowling to discussing books and life's ironies: walking the dog to making love. You smart, kind hearted and humanoid. Reply: 011201

How to respond to an advertisement

Write your response letter and seal it in an envelope with a 45c stamp on it - Write the reply number in pencil on the outside - Place this envelope in a separate envelope and send it to Olga's Personals, PO Box 831, Darlinghurst 1300.

How to place an advertisement

Write an ad of up to 40 words - Claims of hiv negativity cannot be made. However, claims of hiv positivity are welcome and encouraged - Any letter that refers to illegal activity or is racist or sexist will not be published - Send the ad to Olga, including your name and address for replies. Personal details strictly confidential.

Thinking of returning to work...but not sure?

PLWH/A (NSW) has a program called Positive Decisions

The facts:

- A three month program
- two days a week on the job experience
- some formal training courses
- remuneration for training costs
- assistance with job hunting and interview skills
- linking you to the appropriate services
- upgrading skills in administrative work or other areas

If you are considering a return to work, this is your chance to refresh your skills and confidence in a supportive and friendly environment.

Interested? Contact Glenn at PLWH/A (NSW) between 10 - 5 weekdays. Telephone 02 9361 6011

Supported by

People Living with HIV/AIDS(NSW)



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South Eastern Sydney Area Health Service



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acon
community, health and action

PLANET POSITIVE

Come and join us for our



Judy



Handbags

Stonewall Celebration in June!

A SOCIAL GATHERING FOR POSITIVE PEOPLE AND THEIR FRIENDS.

When > Friday 27 June 6.00pm till 10.00pm

Where > PLC - 703 Bourke Street, Surry Hills

What > With free food, refreshments and entertainment.



PLWH/A(NSW)
People Living with HIV/AIDS



SERVICES DIRECTORY

SHARPE'S
TRADITIONAL & HERBAL PHARMACY

12-14 Flinders Street Darlinghurst Phone 9360 4446 Fax 9360 4603

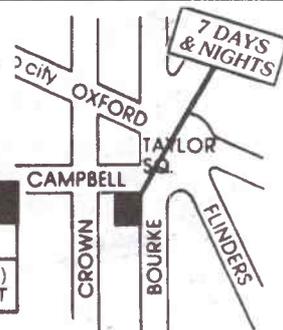
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Lise Benjamin Chris Ireland Greg Johnston

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PHONE 9360 4959 DARLINGHURST



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Colour (full page only)

Inside front cover \$565
Inside back cover \$565

Black & white

Full page (297 x 210mm) \$450
Half page (135 x 190mm) \$290
Third page (70 x 190mm) \$215
Quarter page (135 x 90mm) \$170
Ninth page (90 x 57mm) \$90
Trade and services directory (45 x 100mm) \$80

Discounted rates for multiple bookings.
Advertising also available in Contacts 2002: A directory of services for people living with hiv and aids.

Contact Danny on 02 9361 6750.

You can use this form to apply for membership and/or subscribe to *Talkabout*. Please remember to sign the form. A statement about our privacy policy is below. Please read it. Our contact details are below.

Membership costs nothing!

**Yes, I want to be a member of
People Living with HIV/AIDS (NSW) Inc**

Please tick

- Full member (I am a NSW resident with hiv/aids)
- Associate member (I am a NSW resident)

Disclosure of positive hiv status entitles you to full membership of PLWH/A (NSW) with voting rights. Members' details are confidential.

Membership entitles you to *Contacts*, the Annual Report and a biannual newsletter.

If you want to receive *Talkabout*, you need to fill out the subscription section of this form (below).

Sign below



Subscriptions

Yes I want to subscribe to *Talkabout* (annual subscription July 1 to June 30). Please select (tick the circle) the rate that applies to you or your organisation.

Subscriptions only

- I am a New South Wales resident receiving benefits – \$5
(Please enclose a copy of your current health care card)
- I am a New South Wales resident living with hiv/aids who does not receive benefits – \$20
- I am an individual and live in Australia – \$33
- I am an individual and live overseas – \$77

Organisations:

- Full** \$88 (includes all business, government, university, hospital, and schools either for-profit or government-funded)
- Concession** \$44 (includes plwha groups and self-funded community owned organisations)
- Overseas** \$132

Members of PLWH/A (NSW) Inc who want to subscribe to *Talkabout* but are experiencing hardship are urged to contact PLWH/A (NSW) Inc to discuss their circumstances.

Personal Information Statement

We collect this information to add you to our database and to notify you of information and events relating to PLWH/A (nsw) Inc. We store this information either in hardcopy or electronically or both. Access to your information is strictly limited to staff members who need it to act effectively on your behalf. Your information will not be passed on to any other organisation. You can access and correct your personal information by contacting our Privacy Officer, phone 02 9361 6011 or freecall 1800 245 677, email research@plwha.org.au

I acknowledge the Personal Information Statement and consent to my information being collected and stored for the current financial year.

Signature _____

How to contact People Living with HIV/AIDS (NSW) Inc

Office: Suite 5, Level 1, 94 Oxford Street, Darlinghurst
Mailing address: PLWH/A (NSW), Reply Paid 831, Darlinghurst
NSW 1300

You do not need to put a stamp on the envelope.

Phone: 02 9361 6750
Freecall: 1800 245 677
Fax: 02 9360 3504

**A membership form is available online at: www.plwha.org.au.
Please use the 'text only' version if you need to use a text reader.**

Name _____

Address _____

Phone _____

Email _____

I would like to make a donation of \$ _____

If you are paying the concession rate for *Talkabout* subscriptions, please enclose a copy of your Health Care Card.

You can pay by cheque/money order/credit card.
There is a \$10 minimum for credit card payments.
Please enclose your cheque or money order or give us your credit card details.

Please charge my Bankcard VISA MasterCard AMEX Diners

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Signature _____

Name on card _____

Cash payments can be made at our office.

Total payment \$ _____

Miss Bitch



Welcome to my first simple tete-a-tete in *Talkabout*. It was wonderful getting these first few letters from friends and fans but I know there are a lot more of you out there who have something to say to Miss Bitch – a little question, a situation, something that is downright wrong. This is the place to say it. I will do my best to reply to as many letters as possible.

Just off to sharpen my nails and get more streaks put through my hair.

Dear Miss Bitch,

Bugger it! What is happening! Sometimes I wanna do it – and IT doesn't wanna cooperate. Is it old age or is hiv and these damn drugs finally getting me by the short and curlies?

Despondent

Dear Despondent,

Thanks so much for cumming to the party and writing into this inaugural Miss Bitch column. Sorry to hear about the problems downstairs but mark my words: You are not alone. It happens to a lot of people. But don't just lie there limply. Stand erect and check out your doctor or complementary therapist. They both have strategies which might do the trick! It can put you in a bit of a dither as there may a variety of factors at play – both physiological, for example aging, and psychological, for example performance anxiety. Either way, it is seriously embarrassing and downright inconvenient. Panic is not a good strategy ... but taking a breath and making the most of the situation can help. A bit more of that old-fashioned foreplay stuff might be needed. Whatever you do, try to love yourself along the way. You deserve it.

Whatever you do,
try to love yourself
along the way.
You deserve it.

Dear Miss Bitch,

I go to the sauna on a semi-regular basis. Last week, I met up with this hot guy and we found a cubicle and he rolled over and ... just as I was proceeding ... he asked, 'You're not positive, are ya?' I said, 'As a matter of fact I am.' He jumped off the mat and said, 'No offence, but I think I'll leave it.' What do you think of that?

Pissed off!

Dear Pissed Off,

What a jerk you found! May his dick shrivel up, his pecs go seriously flabby, and his bubble-butt bum explode. Sure it's fine to check out hiv status. But hey – isn't it time THEY learnt that there is a lot in the timing and the way you ask particular questions ... and he seriously fucked up! If someone is NOT positive, then I reckon they have a responsibility to ask the question at a time that is appropriate and in a way that makes room for the response they DON'T want to hear. Putting all the responsibility on positive people sucks! We have enough to put up with – without having to deal with insensitivity and BAD TIMING!

HOLDSWORTH HOUSE GENERAL PRACTICE

Dr Mark BLOCH
Dr Dick QUAN
Dr David AUSTIN
Dr Andrew GOWERS
Dr Kate BESSEY
Dr Ercel OZSER
Dr Gail LYNEHAM

32A Oxford St, Darlinghurst NSW 2010
Phone 9331 7228 Fax 9360 9232
Email reception1@hhgp.com.au

HALC

HIV/AIDS Legal Centre

FREE LEGAL ADVICE

HALC provides free legal advice and referral to people living in NSW with an HIV related legal problem.

To make an appointment please call us on

02 9206 2060

All information is kept strictly confidential.

HALC HIV/AIDS Legal Centre Incorporated
9 Commonwealth Street, Surry Hills NSW 2010
Freecall 1800 063 060
Fax (02) 9206 2053
Email halc@halc.org.au
10am to 6pm Mon to Fri

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Neil Bodsworth • Emanuel Vlahakis
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Comprehensive HIV & STD health care for men and women by general practitioners and sexual health physicians. Busy research program providing access to latest antiretroviral drugs and seroconversion studies and treatments.

**302 Bourke Street Darlinghurst
9331 6151**

8am – 8pm Mon to Fri • 10am – 12 noon Sat
Call for appointments • Medicare bulk billing

diary

Sydney

Positive Living Centre, 703 Bourke St, Surry Hills. The centre is a one-stop access point for a range of hiv and community based services. Programs for pos people to help develop new skills, interests and work opportunities.

Comp therapies at the PLC Acupuncture – Tu, 2–4pm. Shiatsu – Th, 10am – 12 noon. Massage – W, 10am – 2pm. Yoga – Th, 6.30 – 8pm. Reiki – Th, 7 – 8pm, Fr, 10am – 4pm. Bookings essential for all therapies. Ph 02 9699 8756.

Pet care at the PLC Free grooming for your pet. From 11am, Sat, 703 Bourke St, Surry Hills.

Writer's course starts at the PLC in the first week of June, Tu 6 – 8pm. Bookings essential. Ph 02 9699 8756.

Actor's course started at the PLC in May, continues in June. Tu 6 – 8pm. Join in any week thru June. Bookings essential. Ph 02 9699 8756.

Fit X Gym At the Community Pride Centre, Hutchinson St, Surry Hills. Positive Access Program (PAP) offers qualified instructors, free assessment, free nutritional advice, free individual programs and a free session to try out the gym. \$2.50 a session, or \$20 for a 10 visit pass. Contact Fit X Gym, 4 – 7pm, Mon – Fri or PAP, 9.30am – 12 noon, Mon, Wed, & Fri on 02 9361 3311.

Luncheon Club noon – 2pm, Mon, for people living with and affected by hiv/aids, Pride Centre, 26 Hutchinson St, Surry Hills.

Luncheon Club Larder noon – 4pm, Mon and Wed, for plwha, Pride Centre, 26 Hutchinson St, Surry Hills.

The Breakfast Group offers hiv positive gay men who are working a chance to network and support each other through a breakfast meeting, first Tu of the month. Ph Graham Norton on 9206 2011 for more info.

Yoga for plwha Special weekly classes at Acharya's Yoga Centre Mon – Fri. Call 02 9264 3765 for more information.

The Sanctuary offers free massage, social work, social activities and shiatsu services. Call Robert for details and bookings on 02 9519 6142. Also holds cooking programs. For more info, ph Sydney Leung on 02 9395 0444.

Community Garden, Newtown and Waterloo. Learn how to grow your own vegies. Call street Jungle on 02 9206 2000.

Newtown Neighbourhood Centre runs a shopping service five times a week to Marrickville Metro and once a week to Leichhardt. They'll pick you up from home, give you two hours to shop, then drop you off again. Price is \$4. Available to residents in Dulwich Hill, St Peters, Tempe, Newtown, Enmore, Marrickville, Camperdown and Petersham. Ph Gavin on 02 9516 4755.

'Outings' from South Sydney Community Transport is always offering day trips and excursions. More info or bookings ph Jane on 02 9319 4439.

Shopping service for residents of South Sydney City Council area. Cost is \$4. Trips are to Marrickville Metro, Eastlakes and Eastgardens. Ph Jane or Eunice on 02 9319 4439.

Dementia support for family, partners and friends. Telephone/group support for significant others of people with hiv associated dementia, cognitive impairment and/or mental illness. Ph Margaret 02 9698 3161.

Report Launch: Asian Gay Men's Periodic Survey 2002. Next meeting: 7 – 9pm, June 20, ACON, 9 Commonwealth St, Surry Hills.. Speakers: Garrett Prestage, John Wang, Matthew Hua. Nibbles and drinks provided. Free. Ph Matthew on 02 9206 2080 for more info. A project of Silk Road, social and support group for Asian men, meets the first Friday of each month.

Life Story Writing Class II Next meeting: 7 – 9pm, 13 June, ACON, 9 Commonwealth St, Surry Hills. Facilitator: Glenn Flanagan, PLWH/A (NSW). Bring two photos that are important to you, one photo might be of yourself. Nibbles and drinks provided. Free. A project of Asia Plus for hiv+ Asian men, meets the second Friday of each month. Ph Matthew on 02 9206 2080 for more info.

Xmas in July social meeting, 7 – 9pm, 4 July, ACON, 9 Commonwealth St Surry Hills Nibbles and drinks provided. Free. A project of Silk Road, social and support group for Asian men, meets the first Friday of each month. Ph Matthew on 02 9206 2080 for more info.

GaySha, 8pm – late, 26 June, Midnight Shift, Level 1, 85 Oxford St, Darlinghurst. Three shows from 10pm DJ: Shigeki. Performers: Linda Campbell and Brown Skin. \$5 cover charge. Raffle funds go to the Asian Marching Boys. Sponsor: The Midnight Shift Club, Queer Nation, RQ Sydney is a proud sponsor of the Asian Marching Boys. Volunteers interested in helping out on the night can call Matthew on 02 9206 2080. GaySha is held on the last Thursday of every month.

Myrtle Place at Crows Nest offers massage services for plwha. Also lunch M/W/F, 12.30pm. M/W: \$2.50 donation. F: \$3 donation. For appointments and info about other services call Dennis or Mark on 02 9929 4288.

Western Sydney

Pozhetwest offers peer support and education for men and women living heterosexually with hiv/aids in Western Sydney. Ph 1800 812 404.

PozWest Women Support group for women living with hiv in Western Sydney. Fun and friendship, social activities and newsletter. Ph Maxine or Pat on 02 9672 3600.

Blue Mountains

Drop in to the **Blue Mountains PLWHA Centre** at rear of 2 Station St, Katoomba for informal peer support. Open W/F, 11.30am – 3.30pm. Lunch W 1pm, \$3 conc/\$5 waged. Ph/fax 02 4782 2119.

Hunter

Karumah A meeting place for positive people and their friends in Newcastle and the Hunter. Activities held each week. Pos-only space and open groups. Contact Karumah Inc, 47 Hudson St, Hamilton. Ph 02 4940 8393.

Illawarra

Our Pathways Inc A drop-in centre for positive people, lunches Monday – Wednesday, outings, pantry, advocacy, referrals. Contact Jill on 02 4229 2944 for more info and activities available. 18 Ellen Street, Wollongong.

Port Macquarie

Port plwha Support group for plwha. Lunches, social events, fundraising activities, peer support. Ph 0418 207 939 or 1300 658 878, email portplwha@optusnet.com.au. Postal address: Port PLWHA, C/- PO Box 5648, Port Macquarie NSW 2444.

Northern Rivers

Peer support for plwha Ph Sue on 02 6622 1555 or 1800 633 637.

Have you got an event coming up? To list your organisation's events, phone the Editor on 02 9361 6750 or 1800 245 677, or email editor@plwha.org.au

Hello! Can I speak with someone who understands my culture and what it is like to live with HIV/AIDS.



HIV & AIDS
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For HIV/AIDS information in ten languages go to www.multiculturalhivhepc.net

YOU ARE NOT ALONE

Phone 02 9515 3098 Freecall 1800 108 098

누구나, AIDS를 유발하는 바이러스 HIV에 감염될 수 있다. PODRŠKA i RAZUMIJEVANJE
Support and Understanding HIV & AIDS i AIDS

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التفهم... والمسانه
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ΚΑΙ ΚΑΤΑΝΟΗΣΗ

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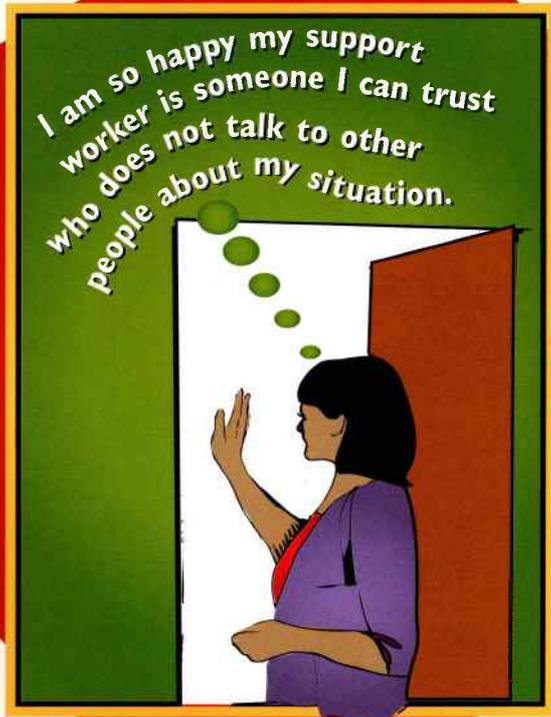
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나는 몰랐었다고 말하지 마십시오.
AIDS는 예방될 수 있습니다.



I am so happy my support worker is someone I can trust who does not talk to other people about my situation.

Line Illustration by Annie Kragulsky

info@multiculturalhivhepc.net

Email info@multiculturalhivhepc.net
Grose Street Camperdown NSW 2050

Fax 02 9550 6815

Multicultural HIV/AIDS and Hepatitis C Service Level 5 Queen Mary Building

MULTILINGUAL HIV/AIDS INFORMATION

'Getting It Right'

Pamphlet Order Form

A new multilingual HIV/AIDS resource is

now available

for people from culturally and linguistically diverse background (CALDB).

Entitled '**Getting It Right**', the pamphlet has been developed to provide people from CALDB with basic information about HIV/AIDS. The pamphlet is available in

Amharic, Arabic, Bosnian, Chinese, Croatian, English, Indonesian, Khmer (Cambodian), Laotian, Portuguese, Serbian, Spanish, Somali, Tagalog, Turkish, Thai, Vietnamese

The pamphlets have been developed by the Multicultural HIV/AIDS and Hepatitis C Service (MHAHS) with funding from the Commonwealth Department of Health and Ageing, and cover issues like what is HIV/AIDS, transmission, condom use, testing, HIV/AIDS and discrimination, the health system in Australia, and traveling safe.

Orders of the pamphlets are limited to 50 copies per language (limited availability). The content of all the pamphlets will be available on MHAHS's website later this year.

To **order free copies** of pamphlets,
please **fax** this form to (02) **9550 6815** or mail to:

Multicultural HIV/AIDS and Hepatitis C Service

Level 5, Queen Mary Building, Grose St, Camperdown NSW 2050 Tel: (02) 9515 3098 Fax: (02) 9550 6815

☉ Please send the following number of copies of the HIV/AIDS Information pamphlet '**Getting It Right**'

Name: _____

Organisation: _____

Address: _____

Postcode: _____

Phone: _____ Fax: _____

Email: _____

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